



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

ADVENT HEALTH WESLEY  
CHAPEL

**Respondent Name**

SIRIUSPOINT AMERICA INSURANCE

**MFDR Tracking Number**

M4-25-2738-01

**Carrier's Austin Representative**

Box Number 19

**Date Received**

July 1, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 18, 2024	Hospital Outpatient	\$9,803.81	\$0.00

### Requestor's Position

Please reconsider additional payment on the enclosed invoice for date of service 6/18/2024.

Per the EOB attached, the invoice referenced was denied due to untimely filing. Our records indicate that the claim was filed timely and initially submitted on 7/11/2024.

**Amount in Dispute:** \$9,803.81

### Respondent's Position

Finally, pursuant to Division rule §133.307(c) and (c)(1)(A) a request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute. A request shall timely file the request with the Division MFDR Section or waive the right to MFDR. Corvel asserts the requestor is entitled to \$0.00 reimbursement for outpatient services in dispute based on the requestor's failure to request medical fee dispute resolution no later than one year after the DOS in dispute.

**Response Submitted by:** CORVEL

# Findings and Decision

## **Authority**

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

## **Statutes and Rules**

1. 28 Texas Administrative Code [TAC §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

## **Denial Reasons**

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 234 – This procedure is not paid separately
- 352 – Network dis not applicable to procedure billed
- RM2 – Time limit for filing claim has expired
- TC – Technical component
- 29 – Time limit for filing claim/bill has expired
- RB – Not paid under OPPS: no sep payment/packaged svc
- RZ0- Status Indicator: Q4 packaged lab service
- W3 – Appeal/Reconsideration

## **Issues**

1. Has the requestor waived their right to medical fee dispute resolution?

## **Findings**

1. The requestor seeks payment in the amount of \$9,803.81, for Hospital outpatient provided on July 18, 2024.

28 TAC §133.307 (c) (1) states in the pertinent part, "Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section."

The service in question was Hospital outpatient on June 18, 2024. The medical fee dispute was received by the Division on July 1, 2025. This date is more than a year following the in-question date(s) of service.

28 TAC §133.307 (c) (1) (A) states, "A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

A review of the submitted documentation finds that the disputed service(s) does not involve issues identified in 28 TAC §133.307 (c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division; consequently, the requestor has waived the right to medical fee dispute resolution.

### **Conclusion**

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

The Division finds the requestor has not established that reimbursement is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, the Division has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

	<u>July 18, 2025</u>
Signature	Medical Fee Dispute Resolution Officer Date

### **Your Right to Appeal**

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). The Division must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to the Division using the contact information on the form or the field office handling the claim. If you have questions about the DWC Form-045M, call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefieres hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).