



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION
GENERAL INFORMATION**

Requestor Name

DR LARRY LEE LIKOVER

MFDR Tracking Number

M4-20-2872-01

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Date Received

AUGUST 4, 2020

Carrier's Austin Representative

Box Number 54

REQUESTOR'S POSITION SUMMARY

"Enclosed herewith submitting proof of initially claim submission report. We request you consider the claim for payment and extend a courtesy to practice so that we expertise, time and skills which are used to treat your patient are not left unreimbursed."

Amount in Dispute: \$18,290.06

RESPONDENT POSITION SUMMARY

"One year from disputed date 5/16/2020 is 5/16/2020. The TDI/1dwc date stamp lists the received date as 8/4/2020 on the requestor's DWC-60 packet, a date greter than one year from 5/16/2020. The requestor has waived its right to DWC MDR. No payment is due."

Response Submitted By: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
May 16, 2019	CPT Code 20670	\$2,970.00	\$0.00
	CPT Code 64450	\$590.00	\$0.00
	CPT Code 23120	\$4,550.00	\$0.00
	CPT Code 23515	\$5,640.00	\$0.00
	CPT Code 73000	\$80.00	\$0.00
	CPT Code 23550	\$4,460.00	\$0.00
TOTAL		\$18,290.06	\$0.00

FINDINGS AND DECISION

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

Background

1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - CAC-P12-Workers' compensation jurisdictional fee schedule adjustment.
 - CAC-W3, 350-In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
 - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - CAC-29-The time limit for filing has expired.
 - D25-Approved non network provider for Workwell, TX. Network claimant per rule 1305.153(C).
 - 731-Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service.
 - 892-Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.
 - 928-HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included.

Issue

Is the request for Medical Fee Dispute Resolution (MFDR) eligible for review in accordance with 28 TAC §133.307?

Findings

1. 28 TAC §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the DWC's MFDR Section or waive the right to MFDR. The DWC shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (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."

The DWC reviewed the submitted documentation and finds:

- The request for medical dispute resolution was received in MFDR on August 4, 2020.
- The disputed date of service is May 16, 2019.
- The disputed services do not involve issues identified in §133.307(c)(1)(B).
- Date of service May 16, 2019 is past the one year deadline.
- Because the requestor did not file this dispute with MFDR within the one year deadline it is not eligible for MFDR.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute have not been addressed.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the DWC has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

11/17/2020
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 TAC §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking to appeal a Medical Fee Dispute Decision, must submit form **DWC045M**. The request must be received by the DWC within **twenty (20)** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the DWC. **Please include a copy of the *MFDR's Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).