



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

VED VIKAS AGGARWAL

Respondent Name

INDEMNITY INSURANCE CO OF NORTH AMERICA

MFDR Tracking Number

M4-21-1624-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

MAY 11, 2021

REQUESTOR'S POSITION SUMMARY

"Please take the time to review all necessary/documentation that is attached to support this reconsideration review."

Disputed Amount: \$477.39

RESPONDENT'S POSITION SUMMARY

"Under Division Rule 133.307(c)(1)(A), a Request for Medical Fee Dispute Resolution must be provided within one year of the date of service...the date of service at issue is outside of the one-year deadline and the Division lacks jurisdiction to consider this dispute."

Response Submitted By: ESIS

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 24, 2019	CPT Code 80307 and G0482	\$477.39	\$0.00

FINDINGS AND DECISION

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

Background

1. 28 Texas Administrative Code (TAC) §133.307, effective February 22, 2021, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.250, effective March 30, 2014, sets out the reconsideration of payment process.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment

codes:

- –Charge is considered excessive
- -These are non-covered services because this is not deemed a ‘medical necessity’ by the payer.
- –P12-Workers compensation jurisdictional fee schedule adjustment.
- –Service disallowed per medical necessity. Diagnosis does not support the service rendered.

Issues

1. Does a medical necessity issue exist?
2. Is date of service December 24, 2019 eligible for Medical Fee Dispute Resolution (MFDR) in accordance with 28 TAC §133.307?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$477.39 for CPT codes 80307 and G0482 rendered on December 24, 2019.
2. The respondent denied the disputed services based upon medical necessity.
3. To determine if the medical necessity denial is supported, the DWC refers to the following:
 - 28 TAC §133.250(k) states, “In any instance where the insurance carrier is questioning the medical necessity or appropriateness of the health care services, the insurance carrier shall comply with the requirements of §19.2010 of this title (relating to Requirements Prior to Adverse Determination) and §19.2011 of this title, including the requirement that prior to issuance of an adverse determination on the request for reconsideration the insurance carrier shall afford the health care provider a reasonable opportunity to discuss the billed health care with a doctor or, in cases of a dental plan or chiropractic services, with a dentist or chiropractor, respectively.”
 - 28 TAC §133.307(d)(2)(I) requires the respondent to submit “If the medical fee dispute involves medical necessity issues, the insurance carrier must attach documentation that supports an adverse determination in accordance with §19.2005 of this title (concerning General Standards of Utilization Review).”

The DWC finds no documentation was submitted to support compliance with requirements outlined in 28 TAC §133.250(k) for an adverse determination regarding medical necessity. The respondent did not submit any documentation to support denial of medical necessity set out in 28 TAC §133.307(d)(2)(I). Based upon the above, the DWC concludes a medical necessity issue does not exist in this dispute.

4. 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."
5. The DWC reviewed the submitted documentation and finds:
 - The request for medical dispute resolution was received in MFDR on May 11, 2021.
 - The disputed date of service is December 24, 2019.
 - The disputed services do not involve issues identified in §133.307(c)(1)(B).
 - One year from December 24, 2019 is December 24, 2020.
 - The requestor did not file this dispute with the DWC's MFDR Section within the one-year deadline set out in 28 TAC §133.307.

Conclusion

The DWC finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 TAC §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute for those dates 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

Date

05/19/2021

YOUR RIGHT TO APPEAL

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

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the DWC within **twenty** 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 *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.