



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Sprint Sports Rehabilitation

Respondent Name

Berkley National Insurance Co.

MFDR Tracking Number

M4-22-0723-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 13, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 23, 2020	CPT Code 97545	\$137.50	\$0.00
October 26, 2020 November 9, 2020 November 11, 2020	CPT Code 97546	\$162.56	\$0.00
October 26, 2020 November 9, 2020	CPT Code S9999	\$28.00	\$0.00
Total		\$1,256.90	\$0.00

Requestor's Position

"Because no rate is established, I am supplying the New Mexico Fee Schedule for 97545 and 97546. There is no fee schedule for S9999 because that is for New Mexico Gross Receipts Taxes which must be paid by us. We are allowed to charge New Mexico Gross Receipts Taxes for all W/C services rendered in New Mexico."

Amount in Dispute: \$1,256.90

Respondent's Position

The Austin carrier representative for Berkley National Insurance Co is Flahive, Ogden & Latson. Flahive, Ogden & Latson received a copy of this medical fee dispute on December 21,

2021. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information

As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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) §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- 29, O, R51B-Code description not listed..

Issues

1. Under what authority is a request for medical fee dispute resolution considered?
2. Is Sprint Sports Rehabilitation dispute submitted timely?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$1,256.90 for CPT codes 97545, 97546, and S9999 rendered from October 23, 2020 through November 11, 2020.

The requestor provided services in the state of New Mexico to an injured employee with an existing Texas Workers' Compensation claim. The requestor was not satisfied with the respondent's final action. The requestor filed for reconsideration and was denied payment after reconsideration. The requestor filed for dispute resolution under 28 TAC §133.307. The dispute is to be decided under the jurisdiction of the Texas Workers' Compensation Act and applicable rules.

2. 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 December 13, 2021.
- The disputed dates of service are October 23, 2020 through November 11, 2020.
- The disputed services do not involve issues identified in §133.307(c)(1)(B).
- One year from November 11, 2020 is November 11, 2021.
- 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 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 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

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

		03/14/2022
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. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email 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 DWC. **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 prefiere 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.