

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Stephanie M. Janiak, D.C.

Respondent Name

New Hampshire Insurance Co.

MFDR Tracking Number

M4-22-0769-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 23, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 3, 2020	Designated Doctor Examination 99456-W5-NM	\$350.00	\$0.00

Requestor's Position

This designated doctor's examination was performed on 9/3/2020, the claim was finally processed by your firm on 7-9-2021. Despite the HFCA being clearly marked TDI ORDERED EXAM DO NOT REDUCE no check was actually issued as the EOB indicates a \$350 bill reduction.

Amount in Dispute: \$350.00

Respondent's Position

The carrier has reprocessed the provider's bill and has issued payment in the amount of \$350 plus interest in the amount of \$15.40.

Response Submitted by: Flahive, Ogden & Latson

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 §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:

- 29 – The time limit for filing has expired.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.

Issues

1. Did Stephanie M. Janiak, D.C. forfeit the right to medical fee dispute resolution for the date of service in question?

Findings

1. Dr. Janiak is seeking reimbursement for a designated doctor examination performed on September 3, 2020.

Per 28 TAC §133.307 (c)(1), the health care provider must request medical fee dispute resolution within one year from the date of service.

The DWC received the medical fee dispute resolution request on December 23, 2021. This is more than one year after date of service September 3, 2020.

The DWC finds that Dr. Janiak has waived the right to medical fee dispute resolution for this date of service.

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.

DWC finds the requester has not established that additional reimbursement is due.

Order

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

Authorized Signature

_____	_____	May 20, 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.