



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Duane Vincent, D.C.

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-22-1102-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

February 8, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 18, 2020	Designated Doctor Examination 99456-W5-WP	\$650.00	\$0.00

Requestor's Position

The CMS1500 was first faxed on 03/24/2021 at 1:47pm and re-faxed on 04/14/2021.

Amount in Dispute: \$650.00

Respondent's Position

The Office performed an in-depth review of the dispute packet submitted ... and will maintain our original denials at this time and respectfully request this medical fee dispute be dismissed due to it is not eligible for review pursuant to 28 TAC Rule §133.307 (c)(1) as the requestor has failed to submit a request for medical dispute resolution within 1 year from date of service as the request was received by Division on February 8, 2022.

Response Submitted by: State Office of Risk Management

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.
- 193 – Original payment decision is being maintained. Upon review it was determined that that this claim was processed properly.

Issues

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

Findings

1. Dr. Vincent is seeking reimbursement for a designated doctor examination performed on December 18, 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, except if a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed. If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days of the final adjudication of the disputed issue.

The DWC received the medical fee dispute resolution request on February 8, 2022. This is more than one year after date of service December 18, 2020. The DWC found no evidence to support that final adjudication of an exception applied to this date of service.

The DWC finds that Dr. Vincent 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

Signature

Medical Fee Dispute Resolution Officer

March 28, 2022

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.