TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Johann Van Beest, D.C.

Respondent Name
Service Lloyds Insurance Co.

MFDR Tracking Number
M4-22-1802-01

Carrier's Austin Representative
Box Number 01

DWC Date Received
April 22, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 1, 2020	Examination to Determine Maximum Medical Improvement and Impairment Rating 99456-WP	$1,300.00	$0.00

Requestor's Position

We have not received a payment for the above referenced claimant. The correct amount that should have been paid was $650.00. We have included all relative paperwork, including certified mail receipts, as well as out of network approval.

Amount in Dispute: $1,300.00

Respondent's Position

The previous review is being maintained as unprocessed for incomplete billing. Two previous submissions received on 12/10/2020 and 4/20/2021 were returned to the Provider to resubmit with corrected ICD-10 Diagnosis code for S46.497A, as this is invalid.

Response Submitted by: Mitchell International, Inc.

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

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

Issues

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

Findings

1. Dr. Van Beest is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating as referred by the treating physician.

   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 after the date the requestor receives the final decision.

   DWC received the medical fee dispute resolution request on April 22, 2022. This is more than one year after date of service December 1, 2020. DWC found no evidence to support that final adjudication of an exception applied to this date of service.

   DWC finds that Dr. Beest 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

		June 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 electronico CompConnection@tdi.texas.gov.