



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

CHRONIC PAIN RECOVERY CENTER

Respondent Name

NEW HAMPSHIRE INSURANCE COMPANY

MFDR Tracking Number

M4-22-1885-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 29, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 1, 2021 through March 22, 2021	97799-CP-CA and 97163-GP	\$7,075.00	\$0.00
Total		\$7,075.00	\$0.00

Requestor's Position

"The HCP notes that the Carrier has not substantiated that its denial rationale is proper. The HCP assumes has this extent of injury dispute has been expressed in a PLN-11 at some point. However, in absence of this document, the HCP cannot accept the Carrier's contention."

Amount in Dispute: \$7,075.00

Respondent's Position

"This medical dispute concerns services provided by Chronic Pain Recovery Center associated with date of service February 1, 2021/March 22, 2021. The request for medical dispute resolution is not timely."

Response Submitted by: ESIS

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

28 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:

- 1 - 16 - Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. (ANSI16)
- 2 - Denied pending medical documentation/per statute medical records must accompany bill.
- 2 - This procedure on this date was previously reviewed (148)
- 3 - 18 - Duplicate claim/service. (ANSI18)
- 1 - Charge unrelated to the compensable injury.

Issues

Did the requestor waive the right to medical fee dispute resolution?

Findings

The requestor seeks reimbursement for medical services rendered on February 1, 2021 through March 22, 2021. 28 TAC §133.307(c) (1) states in pertinent part, "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division 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 date of the services in dispute is February 1, 2021 through March 22, 2021. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on April 29, 2022. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in 28 TAC §133.307(c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

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 the requester has not established that reimbursement of is due.

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

_____	_____	_____ <u>May 12, 2022</u>
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.