



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Mark Bailey, D.C.

**Respondent Name**

State Office of Risk Management

**MFDR Tracking Number**

M4-23-0312-01

**Carrier's Austin Representative**

Box Number 45

**DWC Date Received**

October 6, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 14, 2021	Examination to Determine Maximum Medical Improvement, Impairment Rating, and Extent of Injury	\$1,200.00	\$0.00

### Requestor's Position

It is our position that the carrier has denied payment for the above listed Dates of Service of the services provided inappropriately, and is responsible for the \$1,200.00 still owed for the MMI evaluation.

**Amount in Dispute:** \$1,200.00

### Respondent's Position

The Office 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 with 1 year from date of service as the request was received by Division on October 6, 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.
- Notes: "Per rule 133.20: a health care provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the services are provided. Please resubmit to include documentation that satisfies the two exceptions in Texas Labor Code §408.0272(b)(c)OR(d) to substantiate the timely filing criteria was met."
- Notes: "The documentation does not support 408.0272"

## Issues

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

## Findings

1. Dr. Bailey is seeking reimbursement for an examination to determine maximum medical improvement, impairment rating, and the extent of the compensable injury.

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 October 6, 2022. This is more than one year after date of service September 14, 2022. DWC found no evidence to support that final adjudication of an exception applied to this date of service.

DWC finds that Dr. Bailey 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

November 17, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).