



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

NORTH TEXAS PAIN RECOVERY

Respondent Name

AIU INSURANCE COMPANY

MFDR Tracking Number

M4-23-0751-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 28, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 20, 2020 through October 18, 2021	97799-CP-CA	\$7,425.00	\$0.00
Total		\$7,425.00	\$0.00

Requestor's Position

"Carrier has improperly reduced reimbursement on a complete and timely medical bill. Carrier has used the ANSI Code P12, 'Workers' Compensation Jurisdictional fee schedule Adjustment' while ignoring the jurisdictional rules related to the charges... Proper reimbursement for these services is mandated by Texas Law. Your denial is therefore not only incorrect but a violation of Administrative Code."

Amount in Dispute: \$7,425.00

Respondent's Position

The Austin carrier representative for AIU Insurance Company is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on December 6, 2022. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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.
2. 28 TAC §134.203 sets out the reimbursement for professional medical services.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 01 –The charge for the procedure exceeds the amount indicated in the fee schedule.
- 45 – Charge exceeds fee schedule maximum allowable or contracted legislative fee arrangement.
- NR – A PPO reduction was made for this bill and or the bill was repriced according to a negotiated rate.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- Note: This bill has been repriced according to your contract with the above noted PPO network.
- 247 – A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service.
- N111 – No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.

Issues

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

Findings

The requestor seeks reimbursement for medical services rendered on September 20, 2020 through October 18, 2021. 28 TAC §133.307 (c) (1) states in pertinent part, "Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

28 TAC §133.307 (c) (1) (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 dates of the service in dispute are September 21, 2020 through October 18, 2021. The request for medical fee dispute resolution was received by the Division on November 28, 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 requestor 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

_____	_____	March 27, 2023
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 prefiera 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.