



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Banerjee, Rahul

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-23-1213-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

January 27, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
06/22/2021	99080	\$90.00	0.00
Total		\$90.00	0.00

Requestor's Position

Submitted document does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$90.00

Respondent's Position

"Rule 133.307(c)(1)(A) states, '... 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...' Texas Mutual reviewed its claim file and found (B)(i-iii) do not apply."

Response Submitted by: Texas Mutual Insurance Co.

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 Medical Fee Dispute Resolution requests.

Denial Reasons

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

- CAC-P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT
- 249 - DWC-73 NOT SUBMITTED; NOT PROPERLY COMPLETED AND/OR MISSING REQUIRED SIGNATURE; REIMBURSEMENT DENIED PER RULE 129.5

Issues

1. Has Banerjee, Rahul waived their right to medical fee dispute resolution?

Findings

Banerjee, Rahul is seeking reimbursement for service date June 22, 2021, service code 99080 in the amount of \$90.00. The medical fee dispute request form DWC060 was received on January 27, 2023. Pursuant to 28 Texas Administrative Code §133.307 (c) which sets out the timely filing procedures for Medical Fee Dispute Resolution requests, the division finds that Crescent Medical Center is not entitled to additional reimbursement.

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 3, 2023

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.