

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**  
NEURORESTORATIVE

**Respondent Name**  
DEEP EAST TEXAS SELF INSURANCE

**MFDR Tracking Number**  
M4-23-1569-01

**Carrier's Austin Representative**  
Box Number 44

**DWC Date Received**  
February 27, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 11, 2021 to May 27, 2021	Ancillary General	\$7,800.00	\$0.00
	<b>Total</b>	\$7,800.00	\$0.00

"This letter is to request immediate payment of the above referenced claim. According to your representative, this claim was not processed due to failure to meet the applicable timely claim filing requirements."

**Amount in Dispute:** \$7,800.00

### Respondent's Position

"We are requesting the Division dismiss the Medical Dispute Request related to these dates of service because the requestor did not file timely ... Therefore, the Division does not have jurisdiction over the dispute, and it should dismiss the request for dates of service 05/11-05/27-21."

**Response Submitted by:** IMO Managed Care

### 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

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

- 29 – The time limit for filing has expired
- 148 – This procedure on this date was previously reviewed
- 18 – Exact duplicate claim/service
- ANS18 – 18 Exact duplicate claim/service

## Issues

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

## Findings

1. 28 Texas Administrative Code §133.307(c)(1) states:

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.

(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 May 11, 2021 to May 27, 2021. The request for medical fee dispute resolution was received on February 27, 2023. 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 §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute; 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.

DWC finds that no 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

May 19, 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](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).