



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MM Clinical Group

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-23-1570-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

March 1, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
08/06/2021	99213	\$120.00	\$0.00
Total		\$120.00	\$0.00

Requestor's Position

Submitted documentation 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: \$120.00

Respondent's Position

"M & M Clinical Group did not provide a position statement for the disputed issue(s) per Rule 133.307(N) which states 'a position statement of the disputed issue(s) that shall include: (i) the requestor's reasoning for why the disputed fees should be paid or refunded,(ii) how the Labor Code and division rules, including fee guidelines, impact the disputed fee issues, and (iii) how the submitted documentation supports the requestor's position for each disputed fee issue' Our position is that no payment is due."

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(TAC) §133.307 sets out the procedures for Medical Fee Dispute Resolution requests.

Denial Reasons

Neither party of this dispute submitted an Explanation of Review.

Issues

1. Has MM Clinical Group waived its right to medical fee dispute resolution?

Findings

1. MM Clinical Group is seeking reimbursement for CPT code 99213 rendered on date of service August 6, 2021. The medical fee dispute request form DWC060 was received on March 1, 2023.

Neither party submitted Explanation of Review or documentation to indicate that timeliness exceptions as per 28 TAC §133.307 (c)(1)(B) apply to this dispute.

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 MM Clinical Group is not entitled to 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.

The division finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, the division has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature:

_____	_____	March 30, 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 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.tas.gov.