



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Gregory Sheppard, D.C.

**Respondent Name**

State Office of Risk Management

**MFDR Tracking Number**

M4-24-0246-01

**Carrier's Austin Representative**

Box Number 45

**DWC Date Received**

October 3, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 26, 2022	99456 W6 RE	\$0.00	\$0.00
September 26, 2022	95851	\$82.20	\$0.00
September 26, 2022	99456 W5 SP	\$0.00	\$0.00
<b>Total</b>		\$82.20	\$0.00

### Requestor's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT.

**Amount in Dispute:** \$82.20

### Respondent's Position

"The Office performed an in-depth review of the dispute packet submitted by Gregory Sheppard DC where the Office found that this dispute is not eligible for Medical Fee Dispute Resolution as

the dispute was not timely filed within one year from the date of service of 9/22/2022 pursuant to 28 TAC 133.307 (c)(I) as the Division's date stamp shows the dispute was received on 10/3/2023."

**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

[28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for Medical Fee Dispute Resolution requests.

### Denial Reasons

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

- 18 – EXACT DUPLICATE CLAIM/SERVICE

### Issues

1. Has the requestor waived its right to medical fee dispute resolution (MFDR)?

### Findings

1. The requestor is seeking reimbursement for professional medical services rendered on THE disputed date of service September 26, 2022. The medical fee dispute resolution (MFDR) request form, DWC060, was received by the division on October 3, 2023.

28 (TAC) §133.307 (c)(1)(A) sets out the timely filing procedures for Medical Fee Dispute Resolution (MFDR) requests. It requires a request for MFDR that does not meet any exceptions listed in 28 TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute. 28 TAC §133.307(c)(1)(B) sets out those exceptions, stating, "A request may be filed later than one year after the date(s) of service if:

- (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
- (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision

on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or (iii) the dispute relates to a refund notice issued pursuant to a division audit or review; the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice. "

The disputed date of service is September 26, 2022. On October 3, 2023, DWC received the request for MFDR, DWC060 form. The disputed services do not fall within any of the exceptions specified in 28 TAC 133.307(c)(1)(B), according to an examination of the submitted documentation. DWC finds that more than a year has passed since the disputed date of service and the request for MFDR was submitted.

DWC finds that the requestor has forfeited its right to MFDR and is not eligible for Medical Fee Dispute Resolution review.

### 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 reimbursement is due.

## **Order**

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

### **Authorized Signature:**

_____	_____	November 1, 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](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)