

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Andrew Brylowski, M.D.

Respondent Name

American Zurich Insurance Co.

MFDR Tracking Number

M4-24-0383-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 12, 2022	Designated Doctor Examination 99456-W5-WP	\$950.00	\$0.00
	Travel Reimbursement 99199	\$786.00	\$0.00
	Testing Services	\$11,049.65	\$0.00
Total		\$12,785.65	\$0.00

Requestor's Position

"This process involved approximately 10 hours of staff and physician time. Neuropsychiatric testing interpretation, report preparation, as well as a review of medical records were accomplished on May 11, 2022, May 12, 2022, May 13, 2022, May 17, 2022, May 18, 2022, May 21, 2022, May 22, 2022, May 23, 2022, May 24, 2022, and May 25, 2022. This process involved approximately hours of physician time. Total hours of physician time for evaluation, testing administration, testing supervision, testing scoring, testing interpretation, medical record integration, collateral information integration, literature review, urine drug testing and interpretation and integration of this information into report format was approximately 21 hours."

Amount in Dispute: \$12,785.65

Respondent's Position

"Pursuant to **Division rule §133.307(c) and (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**. A request shall timely file the request with the Division MFDR Section or waive the right to MFDR. Corvel asserts the requestor is entitled to \$0.00 reimbursement for outpatient services in dispute based on the requestor's failure to request medical fee dispute resolution no later than one year after the DOS in dispute."

Response Submitted by: CorVel

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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:

- 150 – Payment adjusted/unsupported service level
- 16 – Svc lacks info needed or has billing error(s)
- 4 – Procedure code inconsistent with modifier used
- 97 – Charge included in another charge or service
- 234 – This procedure is not paid for separately.
- Notes: Per 134.240, a Designated Doctor must include the required modifiers indicating services rendered. 2(4 separate areas not documented as providing Impairment Ratings.
- Notes: "Per rule 134.250(1) an MMI/IR exam includes all time spent on the exam/evaluation; consultation w/IW, review of records, narrative preparation, testing, calculation tables, figures, worksheets, and addendums. Box IV.35 indicates UE IR request."
- 193 – Original payment decision maintained
- Notes: "Per Rule 133.250(b), effective July 2012, HCP dissatisfied with a carrier's final action on a medical bill, the HCP may request a reconsideration no later than ten (10) months from the date of service."
- Notes: "THIS DOS HAS BEEN PROCESSED MULTIPLE TIMES. HCP CONTINUES TO IGNORE REASON CODES/REASONS FOR DENIAL. REFER TO 134.240 FOR CORRECT BILLING OF A DD EXAM."

- 18 – Duplicate Claim/Service
- R1 – Duplicate Billing

Issues

1. Did Andrew Brylowski, M.D. forfeit the right to medical fee dispute resolution for the date of service in question?

Findings

1. Dr. Brylowski is seeking reimbursement for a designated doctor examination and testing performed on May 12, 2022.

Per 28 TAC §133.307 (c)(1), the designated doctor must request medical fee dispute resolution no later than one year from the date of service.

DWC received the medical fee dispute resolution request on October 13, 2023. This is more than one year after date of service May 12, 2022.

DWC finds that Dr. Brylowski has waived the right to medical fee dispute resolution for this date of service.

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 requestor 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

Signature

Medical Fee Dispute Resolution Officer

December 21, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.