



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Andrew Brylowski, M.D.

Respondent Name

Travelers Indemnity Co.

MFDR Tracking Number

M4-24-0423-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

October 19, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 29 – April 23, 2022	99082-59	\$1,140.00	\$0.00
March 29 – April 23, 2022	99199-59	\$1,562.00	\$0.00
March 29 – April 23, 2022	90792-59	\$3,348.13	\$0.00
March 29 – April 23, 2022	96116-59	\$169.98	\$0.00
March 29 – April 23, 2022	96121-59	\$1,333.26	\$0.00
March 29 – April 23, 2022	96132-59	\$0.00	\$0.00
March 29 – April 23, 2022	96133-59	\$2,683.17	\$0.00
March 29 – April 23, 2022	96136-59	\$0.00	\$0.00
March 29 – April 23, 2022	96137-59	\$608.55	\$0.00
Total		\$10,845.09	\$0.00

Requestor's Position

"Let this letter serve as notice that Dr. Andrew Brylowski has tried to collect the amount owe[sic] from Travelers without any success. Date of Service: 03/29/2022-04/23/2022. Date of examination: March 29, 2022. Date of report: April 23, 2022."

Amount in Dispute: \$10,845.09

Respondent's Position

"The Provider is not entitled to reimbursement as they failed to timely file the Request for Medical Fee Dispute Resolution. The Provider has waived the right to reimbursement under Rule 133.307 as they did not timely file their Request for Medical Fee Dispute Resolution with the Division within one year of the date of service as required by Rule 133.307(c)(1)."

Response Submitted by: Travelers

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 (MFDR) requests.

Denial Reasons

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

- 97 - PAYMENT ADJUSTED BECAUSE THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 107 – CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT PREVIOUSLY PAID OR IDENTIFIED ON THIS CLAIM.
- 18 – EXACT DUPLICATE CLAIM/SERVICE.
- 247 – A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.

- EOB Notes: RECONSIDERATION REQUEST SHOULD INCLUDE COPY OF EOR, BILL AND APPEAL EXPLANATION.

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 disputed dates of service, March 29, 2022, through April 23, 2022. The medical fee dispute resolution (MFDR) request form, DWC060, was received by the division on October 19, 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 dates of service are March 29, 2022, through April 23, 2022. On October 19, 2023, the division received the DWC060 request form. The disputed services do not meet 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 dates of service and the request for medical fee dispute resolution was submitted.

According to DWC, 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 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:

November 9, 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.Texas.gov