

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Andrew Brylowski, M.D.

Respondent Name

Dallas Area Rapid Transit

MFDR Tracking Number

M4-24-0456-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

October 24, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 26, 2022	Required Medical Examination	\$500.00	\$0.00
	Record Review	\$734.00	\$0.00
	Testing	\$11,192.70	\$0.00
Total		\$12,426.70	\$0.00

Requestor's Position

"We never received an Explanation of Benefit or denial information from the insurance company Sedgwick CMS. in accordance with the Texas administrative Code RULE §134.130 ..."

Amount in Dispute: \$12,426.70

Respondent's Position

"The date of services was 5/26/22. The date of MFDR filing was 10/24/23. Therefore, the medical fee dispute resolution was not timely filed by the requestor within 1 year after the date of service in dispute per Rule 133.307(c)(1)(A)."

Response Submitted by: Hoffman Kelley Lopez, LLP

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:

- 4271 – Per Tx Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 29 – The time limit for filing claim/bill has expired.

Issues

1. Is Andrew Brylowski, M.D. entitled to reimbursement for the examination in question?

Findings

1. Dr. Brylowski is seeking reimbursement for a required medical examination and testing performed on May 26, 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 24, 2023. This is more than one year after date of service May 26, 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 28, 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.