



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Roger Clifford, D.C.

Respondent Name

LM Insurance Corp.

MFDR Tracking Number

M4-24-0652-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

November 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 9, 2022	Designated Doctor Examination 99456-W5-NM; 99456-W8-RE	\$500.00	\$0.00

Requestor's Position

"We have submitted a reconsideration request and have not received payment. Per our records, the bill was submitted to the insurance carrier on: 11/22/2022 ... We believe that we submitted a reconsideration in a timely manner and are entitled to \$500."

Amount in Dispute: \$500.00

Respondent's Position

"This bill for DOS 11/09/2022 will not be reviewed as this dispute has been submitted past the timely filing deadline per Rule 133.307 ..."

Response Submitted by: Liberty Mutual Insurance

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 reduced the payment for the disputed services with the following claim adjustment codes:

- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed.

Issues

1. Did Roger Clifford, D.C. forfeit the right to medical fee dispute resolution for the date of service in question?

Findings

1. Dr. Clifford is seeking additional reimbursement for a designated doctor examination performed on November 9, 2022.

Per 28 TAC §133.307(c)(1), the health care provider must request medical fee dispute resolution within one year from the date of service, except if a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed. If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days after the date the requestor receives the final decision.

The DWC received the medical fee dispute resolution request on November 16, 2023. This is more than one year after the date of service. Because denials based on compensability, extent of injury, liability, or medical necessity are applicable to designated doctor examinations, these exceptions are not applicable.

The DWC finds that Dr. Clifford 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 additional 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

February 6, 2024

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.