



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Aaron Levine, M.D.

Respondent Name

American Zurich Insurance Co.

MFDR Tracking Number

M4-24-1070-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 16, 2024

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|-------------------|--|-------------------|------------|
| November 17, 2022 | Designated Doctor Examination 99456-W5-WP | \$800.00 | \$0.00 |

Requestor's Position

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

Amount in Dispute: \$800.00

Respondent's Position

"I) ...The documents submitted by the Requestor are confusing. A fax cover dated 7/11/2023 shows the Requestor submitted a request for reconsideration to ESIS but no documented proof of timely submitting the original bill to Corvel ... Corvel received an original billing on for DOS 11/17/2022 on 2/14/2023. The bill was reviewed, but denied for missing the required narrative ... To date no reconsideration request has been received by Corvel.

"II) 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:

- 16 – Svc lacks info needed or has billing error(s)
- 252 – Attachment required to adjudicate claim/service
- *N706 – Missing documentation.
- Notes: "DD EXAM. COMPLETE NARRATIVE REQUIRED."
- 148 – This procedure on this date was previously reviewed
- 18 – Duplicate claim/service.

Issues

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

Findings

1. Dr. Levine is seeking reimbursement for a designated doctor examination performed on November 17, 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 January 16, 2024. This is more than one year after the date of service November 17, 2022. DWC found no evidence to support that final adjudication of an exception applied to this date of service.

DWC finds that Dr. Levine 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

| | | |
|-----------|--|----------------|
| | | March 28, 2024 |
| 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 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 electronico CompConnection@tdi.texas.gov.