



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Francis Burch, M.D.

Respondent Name

City of San Antonio

MFDR Tracking Number

M4-24-1073-01

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
January 5, 2023	Designated Doctor Examination 99456-W5-WP	\$150.00	\$0.00
	Designated Doctor Examination 99456-W5-SP	\$0.00	\$0.00
Total		\$150.00	\$0.00

Requestor's Position

"THE CURRENT RULES ALLOW REIMBURSEMENT"

Amount in Dispute: \$150.00

Respondent's Position

"The request for recommendation on dates of service 1/5/23 received by the division on 1/16/24 is past the time frame for requesting MDR. We are requesting the Division dismiss the Medical Dispute Request related to these dates of service because the requestor did not file timely."

Response Submitted by: IMO Managed Care

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

Neither party submitted explanations of benefits for the dispute in question.

Issues

1. Did Francis Burch, M.D. waive the right to medical fee dispute resolution for the date of service in question?

Findings

1. Dr. Burch is seeking additional reimbursement for a designated doctor examination performed on January 5, 2023.

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. The DWC received the medical fee dispute resolution request on January 16, 2024. This is more than one year after date of service January 5, 2023.

DWC finds that Dr. Burch 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

April 16, 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.