



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Srikanth R. Deme, MD

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-24-2291-01

Carrier's Austin Representative

Box Number 54

Date Received

June 18, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 3, 2023, and June 5, 2023	61210-RT and 61312	\$9,400.00	\$0.00
Total		\$ 9,400.00	\$0.00

Requestor's Position

In this dispute, the requestor did not submit a position summary to be taken into consideration. Therefore, the information that was available during the review process formed the basis for this decision.

Amount in Dispute: \$9,400.00

Respondent's Position

"One year from disputed date 06/05/2023 would have been 06/05/2024. The TDI-DWC date stamp lists the received date as 06/18/2024 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR. Our position is that no payment is due."

Response Submitted by: Texas Mutual Insurance Company

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 [\(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- CAC-P6 – Based on entitlement to benefits.
- 245 – The carrier is disputing the liability of the claim for compensation for the injury. Final adjudication has not taken place.

Issues

1. Did the insurance carrier support the extent of injury denial?
2. Has the requestor waived their right to medical fee dispute resolution?

Findings

1. The requestor seeks reimbursement for CPT codes 61210 and 61312 rendered on June 3, 2023, and June 5, 2023. A review of the explanation of benefits finds that the insurance carrier denied the disputed services due to liability and entitlement to benefits.

28 TAC §133.305(b) states that if a dispute over the extent of a covered work injury exists for the same service for which there is a medical fee dispute, the dispute regarding the extent of injury shall be resolved prior to the submission of a medical fee dispute.

A review of the documentation submitted by the parties finds that the carrier did not provide documentation to the Division to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by 28TAC §133.307(d)(2)(H).

The respondent did not submit information to MFDR, sufficient to support that the PLN had ever been presented to the requestor or that the requestor had otherwise been informed of PLN prior to the date that the request for medical fee dispute resolution was filed with the Division; therefore, the division finds that the liability and entitlement denials were not timely presented to the requestor in the manner required by 28 TAC §133.240.

The DWC finds that the services in dispute do not contain an unresolved liability and entitlement issue, as a result, this matter is eligible for adjudication of a medical fee pursuant to 28 TAC §133.307. For that reason, this matter is addressed pursuant to the applicable rules and guidelines.

2. The requestor seeks payment in the amount of \$9,400.00, for medical services provided on June 3, 2023, and June 5, 2023.

28 TAC §133.307 (c) (1) states in the pertinent part, "Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section."

The services in question were performed on June 3, 2023, and June 5, 2023. The medical fee dispute was received by the Division on June 18, 2024. This date is more than a year following the in-question date(s) of service.

28 TAC §133.307 (c) (1) (A) states, "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 review of the submitted documentation finds that the disputed service(s) do not involve issues identified in 28 TAC §133.307 (c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division; consequently, the requestor has waived the right to medical fee dispute resolution.

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.

The Division finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, the Division has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	August 2, 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. The Division must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to the Division using the contact information on the form or the field office handling the claim. If you have questions about the DWC Form-045M, 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 the Division. **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.