



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**  
NEURORESTORATIVE

**Respondent Name**  
Texas Public School WC Project

**MFDR Tracking Number**  
M4-24-2994-01

**Carrier's Austin Representative**  
Box Number 18

**Date Received**

August 29, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 9, 2023	Codes 97162 and 92523	\$1,076.00	\$0.00

### Requestor's Position

"Hello, this claim should be reconsidered for payment as we submitted it in a timely manner. We received our first and only denial for needing modifiers on 10/30/2023 in which we faxed in a corrected claim with the required modifiers only now to receive a past timely filing denial."

**Amount in Dispute:** \$1,076.00

### Respondent's Position

"The documentation received from neurorestorative reveals that it failed to timely file its request for medical fee dispute resolution with the Division's MFDR section within one year after the date of service in dispute. Moreover, none of the exceptions to the one-year filing requirement apply in this claim. Consequently, Neurorestorative has waived its right to MFDR in this matter.

For the reasons noted above, Neurorestorative is not entitled to reimbursement for the disputed services rendered in this claim."

**Response Submitted by:** Creative Risk Funding

### 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 denied the payment for the disputed services with the following claim adjustment codes:

- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- The appropriate modifier was not utilized.
- 29 – The time limit for filing has expired.
- Notes – This bill is considered a new bill due to original modifier changed/added/removed upon resubmission.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- P12 – Workers compensation jurisdictional fee schedule adjustment
- Previous recommended history on DCN(s) 198311=\$0.00 (ANSI29)
- Notes – This bill was considered a new bill on 01.26.2024 due to original modifier changed/added/removed upon resubmission. Previous gross recommended payment amount on line: \$0; previous recommended payment amount on line: \$0.
- W3 – Reconsideration/appeal

## **Issues**

Has the requestor waived their right to medical fee dispute resolution?

## **Findings**

The requestor seeks payment in the amount of \$1,076.00, for medical services provided on May 9, 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 service in question was performed on May 9, 2023. The medical fee dispute was received by the Division on August 29, 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) does 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 requestor 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**

[Redacted Signature Area]

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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).