



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Abraham G. Thomas MD

**Respondent Name**

National Specialty Insurance Company

**MFDR Tracking Number**

M4-25-0489-01

**Carrier's Austin Representative**

Box Number 19

**Date Received**

October 29, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 20, 2022	97799, 99199	\$1,212.50	\$0.00
June 21, 2022	97799, 99199	\$1,212.50	\$0.00
<b>Total</b>		\$1,212.50 (\$2,425.00)	\$0.00

### Requestor's Position

"Attached you will find the attached supporting clinical documentation on this patient. The claim was denied for BASED ON EXTENT OF INJURY. We are treating the patient for ONLY his compensable injury, nothing else."

**Amount in Dispute:** \$1,212.50

### Respondents' Position

"The provider on his CMS 1500 billed for 6.5 hours under CPT 97799 and one hour under CPT 99199. The provider's request for reimbursement of \$812.50 under CPT 97799 suggest that the provider was billing as though he was CARF accredited yet, his CMS 1500 does not have a CA modifier. We are attaching a copy of the carrier's EOR dated April 4, 2023."

**Response Submitted by:** Flahive, Ogden & Latson

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

- 219 – Based on extent of injury.
- 5029 – Denial based on extent of injury.
- B13 – Previously paid. Payment for this claim/service may have been provided in previous payment.
- 247 – A payment or denial has already been recommended for this service.
- 109 – Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.

## **Issues**

1. Is the Insurance Carrier's denial of extent of injury supported for date of service?
2. Has the requestor waived their right to medical fee dispute resolution\_

## **Findings**

1. The insurance carrier denied the disputed service rendered on June 20, 2022, and June 21, 2022, due to an unresolved extent of injury.

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 finds that the carrier did not provide a copy of a Plain Language Notice (PLN) regarding the disputed conditions as required by §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 DWC; therefore, the DWC finds that the extent of injury denial was not timely presented to the requestor in the manner required by 28 TAC §133.240. Because the service in dispute does not contain an unresolved extent of injury issue, this matter is ripe for adjudication of a

medical fee under 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 \$1,212.50, for medical services provided on June 20, 2024, and June 21, 2024.

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 20, 2024, and June 21, 2024. The medical fee dispute was received by the Division on October 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) 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 requestor has not established that reimbursement of 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**

_____	_____	December 5, 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](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).