



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

North Texas Pain Recovery Center

Respondent Name

XL Specialty Insurance Company

MFDR Tracking Number

M4-25-2123-01

Carrier's Austin Representative

Box Number 19

Date Received

May 6, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 27, 2023	97799-CP-CA	\$700.00	\$0.00
September 28, 2023	97799-CP-CA	\$875.00	\$0.00
September 29, 2023	97799-CP-CA	\$1,400.00	\$0.00
Total		\$2,975.00	\$0.00

Requestor's Position

"I received an EOB for review on 12/04/2023 and denied it as a duplicate with the original claim. Then I received another EOB for a reconsideration on 1/18/2024 and was denied for duplicate. I had not received an EOB for the original claim. It has been past the time limit to not receive a correct EOB for this claim or a correct denial. I have called a number of times about this situation and nothing has been accomplished. I am filing a complaint due to payment."

Amount in Dispute: \$2,975.00

Respondent's Position

"This medical dispute concerns services provided by North Texas Pain Recovery Center associated with dates of service September 27, 2023/September 29, 2023. The request for medical dispute resolution is not timely."

Response Submitted by: ESIS, Inc.

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:

- 1 – Original DCN ...
- 2 – This procedure on this date was previously reviewed.
- 3 – 18 – Duplicate claim/service.

Issues

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

Findings

The requestor seeks payment in the amount of \$2,975.00, for medical services provided on September 27, 2023, September 28, 2023, and September 29, 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's in question were performed on September 27, 2023, September 28, 2023, and September 29, 2023. The medical fee dispute was received by the Division on May 6, 2025. This date is more than a year following the in-question dates 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 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

Signature	Medical Fee Dispute Resolution Officer	May 22, 2025 Date
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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 electronico CompConnection@tdi.texas.gov.