



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

ALEGIS REVENUE GROUP LLC  
1201 LAKE WOODLANDS DR STE 4024  
THE WOODLANDS TX 77380

#### **Respondent Name**

TEXAS MUTUAL INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 54

#### **MFDR Date Received**

December 13, 2013

#### **MFDR Tracking Number**

M4-14-1088-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "We would contend that these denied charges qualify for an exemption under Tex. Lab. Code §408.0272(b)(2)(B) inasmuch as the attached bill was mistakenly submitted to the claimant's health insurer during the 95 day window prescribed by 28 Tex. Admin. Code"

**Amount in Dispute:** \$2,269.47

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "One year from disputed date 9/8/12 is 9/8/13. The TDI/DWC date stamp lists the received date as 12/13/13 on the requestor's DWC-60 packet, a date greater than one year from 9/8/12. The requestor has waived its right to DWC MDR. No payment is due."

**Response Submitted by:** Texas Mutual Insurance Co., 6210 E. Hwy 290, Austin, TX 7873

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 8, 2012	Outpatient Hospital Services	\$2,269.47	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - W1 – Workers Compensation State Fee Schedule Adjustment.
  - 29 – The time limit for filing has expired.
  - 630 – This service is packaged with other services performed on the same date and reimbursement is based on a single composite APC rate.

- 731 – Per 133.20 provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the service, for services on or after 9/1/05.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly..

### **Issue**

1. Did the requestor waive the right to medical fee dispute resolution?

### **Findings**

28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution 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." The date of the service in dispute is September 8, 2012. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on December 13, 2013. This date is later than one year after the date of service in dispute. Review of the submitted documentation finds that the disputed service does not involve issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

### **Conclusion**

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

### **Authorized Signature**

_____	_____	February 28, 2014
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 in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall 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*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**