



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Donal B Rose MD

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-14-2789-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

May 9, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: No position statement submitted by requestor

Amount in Dispute: \$8,035.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider's request was not date-stamped as received by DWC MRD until 5/9/14. Consequently, it is not timely as to the DOS prior to 5/9/13 at issue per Rule 133.307(c). ...Subject to further review, the carrier asserts that it has paid according to applicable fee guidelines and challenges whether the disputed charges are consistent with applicable fee guidelines."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 8, 2013	99212	\$8,035.00	\$0.00
May 23, 2013	99213		
June 18, 2013	29879, 29876		
November 4, 2013	99213		

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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.203 sets out medical bill submission requirements for health care providers.
3. 28 Texas Administrative Code §133.305 sets out general provision related to medical dispute resolution.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired
 - 216 – Based on the findings of a review organization
 - 219 – Based on extent of injury

Issues

1. Did the requestor waive the right to medical fee dispute resolution for date of service April 8, 2013?
2. Did the requestor resolve the extent of injury issues raised for dates of service November 4, 2013 and June 18, 2013?
3. Are there any unresolved issues of medical necessity?

Findings

1. 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 April 8, 2013. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on May 9, 2014. This date is later than one year after the date of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file date of service, December 10, 2012 with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for date of service April 8, 2013.

The Division finds that the requestor has waived the right to medical fee dispute resolution for date of service April 8, 2013. For that reason, the merit of the issues raised by both parties for this date of service has not been addressed.

2. The insurance carrier denied dates of service November 4, 2013 and June 18, 2013 based on denial reason code "219 – Based on extent of injury," during the medical bill review process. The dates of service referenced above contain unresolved issues of extent-of-injury for the same service(s) for which there is a medical fee dispute. The insurance carrier notified the requestor of such issues in its explanation of benefits (EOB) responses during the medical bill review process.

Dispute resolution sequence: 28 Texas Administrative Code §133.305(b) requires that extent-of-injury disputes be resolved prior to the submission of a medical fee dispute for the same services. 28 Texas Administrative Code §133.307(c) (2) (K) provides that a request for a medical fee dispute must contain a copy of each EOB related to the dispute.

Extent-of-injury dispute process: The Division hereby notifies the requestor that the appropriate process to resolve the issue(s) of extent of injury, including disputes or disagreements among the parties over whether the medical services in dispute were related to the compensable injury, may be found in Chapter 410 of the Texas Labor Code, and 28 Texas Administrative Code §141.1. As a result, dates of service November 4, 2013 and June 18, 2013 were not considered in this review.

3. 28 Texas Administrative Code §133.305(a)(4) defines a medical fee dispute as a dispute that involves an amount of payment for non-network health care rendered to an injured employee (employee) for health care determined to be medically necessary and appropriate for treatment of that employee's compensable injury. 28 Texas Administrative Code §133.305(b) requires that "If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and 408.021." Review of the submitted documentation finds that there are unresolved issues of medical necessity for the same service(s) for which there is a medical fee dispute. No documentation was submitted to support that the issue(s) of medical necessity for 99213 for date of service May 23, 2013, have been resolved prior to the filing of the request for medical fee dispute resolution. The requestor has failed to support 99213, date of service May 23, 2013 is eligible for review pursuant to 28 Texas Administrative Code §133.307.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January , 2015
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.