



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

Warm Springs Specialty Hospital

Respondent Name

Texas Mutual Insurance

MFDR Tracking Number

M4-14-3750-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

August 27, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: No position statement submitted with MFDR request.

Amount in Dispute: \$ 2,923.68

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "One year from disputed date 8/23/13 is 8/23/14. The TDI/DWC date stamp lists the received date as 8/27/14 on the requestor's DWC-60 packet, a date greater than one year from 8/23/14 and all those dates preceding. The requestor has waived its right to DWC MDR for those dates. No payment is due. Texas Mutual has no record the requestor received preauthorization for dates 8/29/13 and 9/10/13. Nor has the requestor provided evidence of such. No payment is due."

Response Submitted by: Texas Mutual

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 1 2013 through September 10, 2013	29581	\$2,923.68	\$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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the guidelines for prospective and concurrent review of health care.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 197 – Precertification/authorization/notification absent

Issue

1. Did the requestor waive the right to medical fee dispute resolution for dates of service prior to August 28, 2014?

2. Did the services in dispute require prior authorization?
3. Is the requestor eligible for additional reimbursement?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) 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." The date of the services in dispute is March 1, 2013 through August 23, 2013. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on August 27, 2014. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.
2. The carrier denied the disputed services as, 197 – "Precertification/authorization/notification absent." 28 Texas Administrative Code §134.600 (p) states in pertinent part, "Non-emergency health care requiring preauthorization includes: (2) outpatient surgical or ambulatory surgical services as defined in subsection (a) of this section;" Review of the submitted medical claim for the services in dispute was submitted as an outpatient hospital procedure and therefore were required to be prior authorized. No evidence of prior authorization was found. The carrier's denial is supported.
3. Requirements of Rule 134.600 (p) have not been met. No additional payment can be recommended.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A) for dates of service prior to August 27, 2014. For that reason, the merits of the issues raised by the parties to this dispute have not been addressed and services submitted for Dates of Service August 29, 2013 and September 10, 2013 are not payable as prior authorization was not obtained.

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 services in dispute.

Authorized Signature

Signature _____ Date February 26, 2015

Medical Fee Dispute Resolution Officer

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.