



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

BAYLOR ORTHOPEDIC AND SPINE

Respondent Name

NEW HAMPSHIRE INSURANCE CO

MFDR Tracking Number

M4-15-1151-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

December 15, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Our office is in receipt of your Explanation of Benefits dated 09-19-2013 advising of payment in the amount of \$6011.59. Per our contract effective 09-01-2013 reimbursement should have been as follows:

At this time we respectfully request a review for reconsideration for additional payment of \$4,818.65 (total due \$10,830.24 minus payment of \$6011.59)."

Amount in Dispute: \$6,975.59

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "It appears that Baylor Orthopedic & Spine Hospital did not request medical dispute resolution timely and therefore is not entitled to a review by the DWC Medical Dispute Resolution Division. The date of service is 04/22/13. The DWC 060 from was received by the carrier's Austin Representative on 12/23/14 and the TDI/DWC date stamp is 12/15/14. The MDR request was not filed within one year of the date of service as required by Rule 133.307: therefore the carrier requests the DWC dismiss this request for medical dispute resolution.

No exception to late filing has been presented, but if there is an exception. I have attached the carrier Explanation of Bill Review forms which show how reimbursement was calculated."

Response Submitted by: AIG

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 22, 2013	Outpatient Hospital Services	\$6,975.59	\$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. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 2 – (W3) – Request for reconsideration
 - 3 – (193) – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
 - 4 (P12) – Workers’ compensation jurisdictional fee schedule adjustment
 - 4 – Recommendation of payment has been based on this procedure code, 87641, which best describes services rendered
 - 5 – (59) Processed based on multiple or concurrent procedure rules
 - 5 – The amount paid reflects a fee schedule reduction
 - 6 – (94) Processed in Excess of charges
 - 6 – Per NCCI, the procedure code is denied, based on stand of medical, surgical practice. Procedure included in 11043

Issue

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

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 April 22, 2013. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on December 15, 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.

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 that reason, the merits of the issues raised by the parties to this dispute have not been addressed.

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	Medical Fee Dispute Resolution Officer	3/13/15 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 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.