



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

Alegis Revenue Group LLC

Respondent Name

TASB Risk Mgmt Fund

MFDR Tracking Number

M4-15-1186-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

December 15, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "the attached billing was denied based upon a lack of preauthorization. Under normal circumstances the utilization review process established the medical necessity of a treatment before the service is rendered. As these services were not subjected to a prior medical necessity review, we ask that you evaluated the treatment in question pursuant to 28 Tex. Admin. Code 19.2015. This section specifically allows the "Retrospective Review of Medical Necessity," and requires carriers to perform "such retrospective... under the direction of a physician."

Amount in Dispute: \$ 17,325.96

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider is disputing the denial of date of service 11/22/13-11/29/13. Their reasoning for the dispute is that we have based our denial on medical necessity and lack of pre-authorization. The facts are listed as follows: TASBRMF denied the services due to an incorrect bill type in box 4 being submitted on the UB-92 form as per Rule 133.10. The provider billed for outpatient services using bill type 131. Inpatient services should be billed as inpatient. TASBRMF requested that corrected billing be submitted to us on the initial bill and again on reconsideration. We have not received a correct bill for this date of service. The provider's billing for the above referenced date was denied for the above reason only on both the initial bill and the reconsideration. There was no denial for lack of medical necessity at any time as evidenced by our explanation of medical benefits. The provider has not filed the request for MFDR within the timely filing limits as per Rule 133.305."

Response Submitted by: TASB Risk Management Fund

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 22 - 28, 2013 (DWC 60 shows 12/5/2014 as date of service but the documentation (bill and EOB's) do not support disputed services were on 12/5/2014)	Outpatient Hospital Services	\$17,325.96	\$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:
 - 16 – Claim/service lacks info needed for adjudication
 - 97 – Payment is included in the allowance for another service/procedure
 - 193 – Original payment decision is being maintained.

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 November 22 - 28, 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	February 17, 2015 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.