



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

ANESTHESIA ALLIANCE OF
DALLAS PA

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-15-1802-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

February 17, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We originally billed for DOS 12/03/2012 to Cigna and this claim was paid. I have checked with the surgeon office and the facility and they were also paid by Cigna insurance. It was not until I received this EOB from Texas Mutual that we were informed that this is a workers compensation claim, and that they had sent payment of \$54.06 to Cigna (which is what Cigna paid us, but put \$391.38 to patient responsibility). I called Texas Mutual and spoke to Sylvia. I explained that we were not aware that this was a workers compensation claim, and that since it was this claim had been underpaid by \$439.68. She stated that we were past timely filing and that we had to accept payment made to us and that we could not bill the patient."

Amount in Dispute: \$439.68

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "One year from disputed date 12/3/12 is 12/3/13. The TDI/DWC date stamp lists the received date as 2/17/15 on the requestor's DWC-60 packet, a date greater than one year from 12/3/12. The requestor has waived its right to DWC MDR."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 03, 2012	CPT Code 01400-QZ, 94680-26 and 94770-26	\$439.68	\$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. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-P12 – WORKERS COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT

- CAC-236 – THIS BILLING CODE IS NOT COMPATIBLE WITH ANOTHER BILLING CODE PROVIDED ON THE SAME DAY ACCORDING TO NCCI OR WORKERS COMPENSATION STATE REGULATION/FEE SCHEDULE REQUIREMENTS
- CAC-4 – THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING
- 435 – PER NCCI EDITS, THE VALUE OF THE PROCEDURE IS INCLUDED IN THE VALUE OF THE COMPREHENSIVE PROCEDURE
- 732 – ACCURATE CODING IS ESSENTIAL FOR REIMBURSEMENT, MODIFIER BILLED INCORRECTLY OR MISSING. SERVICES ARE NOT REIMBURSABLE AS BILLED
- 924 – REIMBURSEMENT AMOUNT IN ACCORDANCE WITH 409.0091 (H) BY CONSIDERING THE AMOUNT PAID BY THE HEALTH CARE INSURANCE
- 973 – PAYMENT DENIED AS THIS MODIFIER IS INCORRECT OR NO LONGER VALID

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 December 03, 2012. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on February 17, 2015. 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	3/27/15 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.