



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

CYNTHIA L TAYS DC

Respondent Name

NATIONAL FIRE INSURANCE CO OF HARTFORD

MFDR Tracking Number

M4-15-2295-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

March 24, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We submitted a request for reconsideration to National Fire Insurance Co. of Hartford on January 20, 2015, this request was in response to a nonpayment of the \$901.76 for the FCE Designated Doctor Referred Exam performed on March 21, 2014. Unfortunately we did not receive a response within the time frame and we are seeking the balance owed to us.

The denial reason(s) per EOB are: Workers Compensation fee schedule adjustment. Designated Doctor Exams are billed according to DWC rule 134.204 and in accordance with labor code 408.004, 408.0041, and 408.151."

Amount in Dispute: \$901.76

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier respectfully submits its DWC-60 response with supporting documentation. These records are being provided pursuant to the rules and should not be used for any other purpose.

Cynthia Tays, MD, is identified as the Requestor for MDR Docket Number M4-15-2295-01 Requestor is seeking reimbursement for denied services provided to claimant [injured employee] on 03/212014 in the billed amount of \$901376 for CPT Code 97750. The provider is disputing the payment allowance of \$0.00.

As Respondent, Carrier asserts that no additional allowance is due for the following reasons.

Requestor Waived Right to MFDR Rule 133.307 – Untimely Filing of Medical Fee Dispute Resolution

... 1 . 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

Issues 1. Did the Requestor forfeit the right to medical fee dispute resolution for date of service March 21, 2014 by failing to timely file MFDR DW60 in accordance with 28 Texas Administrative Code 133.307? ...

The disputed service do not involve issues identified in §133.307(c)(1)(B). The Division should conclude 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."

Response Submitted by: Law Office of BRIANJ JUDIS

## **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 21, 2014	CPT Code 97750	\$901.76	\$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**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 206 – National Provider Identifier – missing
  - 1 – Referring provider's NPI# is invalid. Please submit bill with this information included

### **Issues**

- Did the requestor waive the right to medical fee dispute resolution?

### **Findings**

- 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 21, 2014. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on March 24, 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**

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

\_\_\_\_\_  
4/30/15  
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 MFDR 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.**