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

Beaumont Family Practice

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-15-2501-01

Carrier's Austin Representative

Box Number 45

MFDR Date Received

April 10, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "IN WORKING UNPAID CLAIMS I FOUND THE ABOVE CLAIM HAS NOT BEEN PAID. I CHECKED ONLINE WITH SORM'S WEBSITE AND NO CLAIM WAS RECEIVED. I HAVE ATTACHED THE ABOVE CLAIM WITH OUR FAX COMFORMATION SHOWING THAT WE DID FILE THE CLAIM WITHIN A TIMELY MANNER. PLEASE REVIEW THE ATTACHED FOR PAYMENT."

Amount in Dispute: $100.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Upon notification of this dispute the Office performed a review of the medical billing received from [requestor], in which the Office will maintain our denial for 29-Time limit for filing has expired. Upon completion of an in-depth review of the requestor's dispute packet the Office located a fax confirmation that shows that a medical bill was sent to SORM on 3/19/2014, however the confirmation page does not clearly show that this submission was for the date of service in dispute. The Office has no record of receiving a bill for date of service 3/14/2014 on 3/19/201 (Exhibit A).

The Office respectfully requests the Division deem the disputed charges for dates of service 3/14/14 are not eligible for review as the Office found that dates of service are not filed within the time frame set forth by the Division to file a medical dispute pursuant to Rule 133.307(c) (1) (A) which states: 'Requests for MFDR shall be filed in the manner prescribed by the division. 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 request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one (1) year after the dates of service.'"

Response Submitted by: State Office of Risk Management

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 14, 2014	Evaluation & Management, established patient (99213)	$100.00	$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 insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 247 – A payment or denial has already been recommended for this service.
   - B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
   - D1 – Duplicate Control Number 10049796

Issues

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 March 14, 2014. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on April 10, 2015. This date is later than one year after the date 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

_____	Laurie Garnes	May 15, 2015
Signature	Medical Fee Dispute Resolution Officer	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.