



Texas Department of Insurance

Division of Workers' Compensation, Medical Fee Dispute Resolution

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4812 telephone • 512-804-4811 fax • MDRInquiry@tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION DISMISSAL

Requestor Name and Address

ALAN D SILBERBERG MD
2501 W WILLIAM CANNON STE 401
AUSTIN TX 78745

DWC Claim #:

Injured Employee:

Date of Injury:

Employer Name:

Insurance Carrier #:

Respondent Name

SPARTA INSURANCE CO

Carrier's Austin Representative Box

Number 19

MFDR Tracking Number

M4-15-2648-01

MFDR Date Received

APRIL 20, 2015

DISMISSAL FROM MEDICAL FEE DISPUTE RESOLUTION (MFDR) DOCKET

Unresolved extent-of-injury dispute: The medical fee dispute referenced above contains unresolved issues of extent-of-injury for the same service(s) for which there is a medical fee dispute. The insurance carrier notified the requestor of such issues in its explanation of benefits (EOB) response(s) during the medical billing process.

Dispute resolution sequence: 28 Texas Administrative Code §133.305(b) requires that extent-of-injury disputes be resolved prior to the submission of a medical fee dispute for the same services. 28 Texas Administrative Code §133.307(f)(3)(C) provides for dismissal of a medical fee dispute if the request for the medical fee dispute contains an unresolved extent of injury dispute for the claim. 28 Texas Administrative Code § 133.307(c)(2)(K) provides that a request for a medical fee dispute must contain a copy of each EOB related to the dispute.

Extent-of-injury dispute process: The Division hereby notifies ALAN D SILBERBERG MD that the appropriate process to resolve the issue(s) of liability, including disputes or disagreements among the parties over whether the medical services in dispute were related to the compensable injury, may be found in Chapter 410 of the Texas Labor Code, and 28 Texas Administrative Code §141.1. As a courtesy to ALAN D SILBERBERG MD, instructions on how to file for resolution of the extent of injury issue are attached.

Dismissal provisions: 28 Texas Administrative Code § 133.307(f)(3) provides that a dismissal is not a final decision by the Texas Department of Insurance, Division of Workers' Compensation ("Division"). The medical fee dispute may be submitted for review as a new dispute that is subject to the requirements of 28 Texas Administrative Code § 133.307. 28 Texas Administrative Code § 133.307(c)(1)(B) provides that a request for medical fee dispute resolution may be filed not later than 60 days after a requestor has received the final decision, inclusive of all appeals, on the extent-of-injury dispute.

DISMISSAL

M4-15-2648-01 is hereby dismissed in accordance with §133.307(f)(3)(C).

SIGNED this 30th day of October 2015

Medical Fee Dispute Resolution Officer

RIGHTS AND RESPONSIBILITIES

§133.307(f)(3) states that a dismissal is not a final decision by the division. ALAN D SILBERBERG MD has the right to submit a new medical fee dispute after the extent of injury issue is resolved. ALAN D SILBERBERG MD is responsible for filing for medical fee dispute not later than 60 days after the date the requestor receives the final Division decision. The 60-day filing requirement described in §133.307(c)(1)(B)(i) replaces the one-year filing deadline in those cases where a final decision regarding extent of injury is made.

HOW TO FILE FOR RESOLUTION OF AN EXTENT OF INJURY ISSUE

A health care provider that chooses to pursue resolution of the extent issue should submit the following **to the field office handling the claim:**

- Completed DWC Form-045 *Request to Schedule a BRC*, including:
 - Section III. PARTY REQUESTING
 - ✓ **10.** Select Sub-claimant
 - Section IV. ISSUE(S) TO BE MEDIATED
 - ✓ **17.** Select "LIABILITY"
 - ✓ **18.** State "**Do any or all of the services provided in the attached medical bills relate to the compensable injury of**"

THIS IS THE QUESTION THAT MUST BE ANSWERED

➤ Attach to the DWC- Form045:

- ✓ a copy of the dismissal and this page;
- ✓ medical bills for date of service: JUNE 5, 2013;
- ✓ the notice to the injured employee required by 28 Texas Administrative Code §140.6 (c)(2)(D), *Subclaimant Status*; and
- ✓ any other information/documentation required in the form instructions.

Health Care Provider Frequently Asked Questions (FAQ)

Q: Who can I call with questions about this dismissal?

A: You may contact the dispute resolution officer that issued the notice or MFDR via email at MDRInquiry@tdi.texas.gov. Please include the MFDR tracking number in your email.

Q: Why was my dispute dismissed?

A: The extent of injury issue/denial for the dates of service in dispute must be resolved prior to the determination of fees. MFDR cannot take action on those service dates at this time; for that reason, the medical fee dispute was dismissed.

Q: What are my options?

A: The healthcare provider has the option to pursue resolution of the extent issue as instructed above; withdraw because it does not intend to pursue the extent issue; or provide documents to support that a final decision on extent of injury was made for the dates of service in dispute.

Q: How can I get a copy of a DWC Form-045?

A: Go to www.tdi.texas.gov/wc/forms or call CompConnection at 1-800-372-7713 option 3 if you require a copy by fax or mail.

Q: Who can I call with questions about resolution of the extent issue or filing the DWC Form-045 Request to Schedule a BRC?

A: Contact your local field office - <http://www.tdi.texas.gov/wc/dwcontacts.html>

Q: Can I submit a new dispute or DWC Form-060 after resolution of the extent issue?

A: Yes. The medical fee dispute may be submitted for review as a new dispute. The provider should include any new EOBs, and the final decision on extent of injury for dates of service in dispute.

Q: Will my new medical fee dispute or DWC Form-060 be denied if it is filed later than one year?

A: If the healthcare provider submits documents to support that a final decision on extent was made for the dates of service in dispute, the one-year filing deadline does not apply. The provider is responsible for filing the dispute not later than 60-days after it receives a final decision on extent on injury for the dates of service in dispute.