



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

ELITE HEALTHCARE NORTH DALLAS

Respondent Name

SAFETY NATIONAL CASUALTY

MFDR Tracking Number

M4-15-3437-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

June 16, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "... date of service 3/18/14 was never processed for reconsideration... Date of service 3/20/15 was denied based on extent of injury."

Amount in Dispute: \$177.71

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The charges in question have been denied due to extent of injury. The carrier asserts Medical Fee Dispute Resolution is not the correct venue for an extent of injury dispute. The carrier further asserts that the deadline for filing a MFDR for date of service 3/18/14 has expired."

Response Submitted by: Broadspire

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: March 18, 2014 and March 20, 2015; 99213, 99080 ad 97140; \$177.71; \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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:
- D53 - Extent of injury not finally adjudicated.
- 790 - This charge was reimbursed in accordance with the Texas medical fee guideline.
- 790 - No denial reason provided on the EOB.
- W1 - No denial reason was provided on the EOB.

Issues

1. Did the requestor waive the right to medical fee dispute resolution for date of service March 18, 2014?
2. Was the request for medical fee dispute resolution filed in accordance with 28 Texas Administrative Code §133.305 and §133.307 for date of service March 20, 2015.
3. Are the disputed charges rendered on March 20, 2015 eligible for medical fee dispute resolution under 28 Texas Administrative Code §133.307

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 18, 2014. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on June 16, 2015. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that insurance carrier issued a payment for \$47.34 and denied the remaining balance with denial reason code 790 and W1. Review of submitted documentation for disputed date of service March 18, 2014 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.

2. Review of the submitted documentation finds that there are unresolved issues of compensability, extent of injury and/or liability for the same service(s) for date of service March 20, 2015. No documentation and/or insufficient documentation was submitted to support that the issue(s) of compensability, extent of injury and/or liability were resolved prior to the filing of the request for medical fee dispute resolution.

Unresolved Compensability, Extent-of-Injury and/or Liability 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.

Compensability, Extent-of-Injury and/or Liability dispute process: The Division hereby notifies the requestor that the appropriate process to resolve the issue(s) of extent-of-injury, 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 the requestor, 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.

Per 28 Texas Administrative Code §133.307(f) (3) states that a dismissal is not a final decision by the division. The requestor has the right to submit a new medical fee dispute after the extent-of-injury issue is resolved. The requestor 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

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

		July 10, 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.