



# TEXAS DEPARTMENT OF INSURANCE

## Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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

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### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

TIMOTHY MARKS MD

**Respondent Name**

TEXAS MUTUAL INSURANCE CO

**MFDR Tracking Number**

M4-15-3639-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

July 07, 2015

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "I am requesting a medical Fee Dispute Resolution in accordance with 28 TAC 133.307 (c)(2). Required documentation is attached.

- A copy of the medical bills. Exhibit "A"
- A copy of the medical bills submitted to the IC for re-consideration. Exhibit "B"
- A copy of the EOB's. Exhibit "C"
- A copy of the final decision regarding compensability, extent of injury etc. Exhibit "D"
- A copy of the medical records. Exhibit "E"
- A copy of the position statement of the dispute issues. Exhibit "F"."

**Amount in Dispute:** \$13,065.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The following is the carrier's statement with respect to this dispute 6/6/2013 to 4/3/2014 ... One year from disputed date 4/3/14 is 4/3/15. The TDI/DWC date stamp lists the received date as 7/7/15 on the requestor's DWC-60 packet, a date greater than one year from 4/31/14. The requestor has waived it s right to DWC MDR."

**Response Submitted by:** Texas Mutual Insurance Company 6210 E HWY 290 Austin, TX 78723

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 6, 2013	CTP Code 99205 and 99358	\$570.00	\$0.00
February 20, 2013	CPT Code 9925	\$375.00	
August 08, 2013	CPT Code 99215	\$375.00	
September 12, 2013	CPT Code 99213, 77003, J1040 and 64483	\$3,165.00	

October 03, 2013	CPT Code 99215	\$375.00
October 31, 2013	CPT Code 99215	\$375.00
November 21, 2013	CPT Code 99213, 64483, 77003, J1040 and 99070	\$3165.00
December 05, 2013	CPT Code 99215	\$375.00
January 09, 2014	CPT Code 99213, 64483, 77003, J1040 and 99070	\$3,165.00
January 23, 2014; February 20, 2014 and April 03, 2014	CPT Code 99215	\$1,125.00

### ***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:
  - CAC-218 - Based on entitlement to benefits (Note: To be used for workers' compensation only)
  - CAC-97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
  - 245 – The carrier is disputing the liability of the claim or compensability of the injury. Final adjudication has not take place
  - 284 – No allowance was recommended as this procedure has a medicare status of "B" (BUNDLED)
  - CAC-29 – The time limit for filing has expired
  - 731 – Per 133.20 Provider shall not submit a medical bill later than the 95<sup>th</sup> after the date the service, for service on or after 9/1/05
  - 245 – The carrier is disputing the liability of the claim or compensation of the injury. Final adjudication has not taken place
  - CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
  - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that his claim was processed properly
  - 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
  - 891 – No additional payment after reconsideration
  - CAC-138 – Appeal procedures not followed or time limits not met
  - 879 – Rule 133.250(B) – Health care provider shall submit the request for re consideration no later than 10 months from the date of service
  - 891 – No additional payment after reconsideration
  - CAC-219 – Based on extent
  - 246 – The treatment/service has been determined to be unrelated to the extent of injury. Final adjudication has not taken place
  - CAC-18 – Exact duplicate claim/service
  - 224 – Duplicate charge
  - CAC-150 – Payer deems the information submitted does not support this level of service
  - CAC-16 – Claim/service lacks information or has submission/billing error(s). Which is needed for adjudication

- 225 –The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information
- 724 – No additional payment after a reconsideration of services. For information call 1-800-937-6824
- 890 – Denied per AMA CPT Code description for level of service and/or nature of presenting problems

**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 February 6, 2013; February 20, 2013; August 08, 2013; September 12, 2013; October 03, 2013; October 31, 2013; November 21, 2013; December 05, 2013; January 09, 2014; January 23, 2014; February 20, 2014 and April 03, 2014 . The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on July 07, 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**

		7/24/15
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.**