



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

JEFFERY POTTER

MFDR Tracking Number

M4-15-4136-01

MFDR Date Received

August 24, 2015

Respondent Name

SENTRY CASUALTY COMPANY

Carrier's Austin Representative

Box Number 19

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Services were rendered in conjunction [sic] with the authorization. The services were medically necessary and documented in the records provided to you."

Amount in Dispute: \$ 353.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider's request was not datestamped [sic] as received by DWC MRD until 8/27/15. Consequently, it is not timely as to the DOS at issue per Rule 133.307 (c) (1) (A). The Provider has waived its right for MFDR. Please Dismiss."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount In Dispute	Amount Due
August 21, 2014	99212-25, 98943, 97140-59-GP, 97110-59-GP, 97530-59-GP and 97112-59-GP	\$353.00	\$0.00

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 §133.305 sets out the general Medical Dispute Resolution guidelines.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 Texas Administrative Code §133.308 sets out the procedure for Medical Dispute Resolution of Medical Necessity Disputes.

Issues

1. Did the requestor waive the right to medical fee dispute resolution for CPT Codes 97140-59-GP, 97110-59-GP, 97530-59-GP and 97112-59-GP rendered on August 21, 2014?
2. Does the medical fee dispute referenced above contain information/documentation that indicates that there are **unresolved** issues of medical necessity for CPT Codes 99212-25 and 98943?
3. What is the dispute process for resolving medical necessity denials?
4. What is the dispute sequence?
5. What are the filing requirements after the resolution of a medical necessity denial?
6. Are the disputed services eligible for review by 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 August 21, 2014. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on August 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, CPT Codes 97140-59-GP, 97110-59-GP, 97530-59-GP and 97112-59-GP were preauthorized by the insurance carrier and therefore do not involve issues identified in §133.307(c) (1) (B). The Division concludes that the requestor has failed to timely file CPT Code's 97140-59-GP, 97110-59-GP, 97530-59-GP and 97112-59-GP with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for these CPT Codes. For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due for CPT Codes 97140-59-GP, 97110-59-GP, 97530-59-GP and 97112-59-GP. As a result, the amount ordered is \$0.00.

2. Review of the submitted documentation finds that CPT Codes 99212-25 and 98943 contains information/documentation that indicates that there are **unresolved** issues of medical necessity for the same service(s) for which there is a medical fee dispute.
3. The Division hereby notifies the requestor the appropriate process for resolution of an unresolved issue of medical necessity requires filing for an independent review to be conducted by an IRO (independent review organization) appropriately licensed by the Texas Department of Insurance, pursuant to 28 Texas Administrative Code §133.308. Information applicable to HEALTH CARE PROVIDERS on how to file for an IRO may be found at http://www.tdi.texas.gov/hmo/iro_requests.html under **Health Care Providers or their authorized representatives**.
4. 28 Texas Administrative Code §133.305(b) requires that "If a dispute regarding...medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding...medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and §408.021.
5. 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.
6. The division finds that due to the unresolved medical necessity issues for CPT Codes 99212-25 and 98943, the dates services are not eligible for review until a final decision has been issued in accordance with 28 Texas Administrative Code §133.308.

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution. This dismissal for CPT Codes 99212-25 and 98943 is based upon a review of all the evidence presented by the parties in this dispute. Even though not all the evidence was discussed, it was considered. The Division finds that CPT Codes 99212-25 and 98943 are not eligible for medical fee dispute resolution under 28 Texas Administrative Code §133.307.

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

November 5, 2015
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.