



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ANITA M. PAULUS, DDS, PC

Respondent Name

TRAVELERS INDEMNITY CO

MFDR Tracking Number

M4-16-2214-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

MARCH 30, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Travelers paid medco \$11,000. Medco only paid Dr. Paulus \$5,800. The outstanding balance is \$2,761. We have been trying to contact Medco for over a year and they won't return phone calls the last payment they send was on 11/18/14. I left several messages and never got a response. I would like for you to look into this and find out where did the remaining amount that Travelers paid Medco go."

Amount in Dispute: \$2,761.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider's Request for Medical Fee Dispute Resolution involves reimbursement for dental services. The Provider submitted billing through a third party vendor, which the Carrier reviewed and reimbursed. After requesting reconsideration, the Provider subsequently filed this Request for Medical Fee Dispute Resolution. The Carrier contends the Provider is not entitled to additional reimbursement and this Request for Medical Fee Dispute Resolution should be dismissed. The Carrier has received no billing from this Provider. The Carrier voluntarily certified certain dental procedures for the Claimant through RX-Medco Dental. RX-Medco contracted with certain local dentists, including this Provider, to provide the agreed upon dental services. RX-Medco submitted billing for those services and was reimbursed. This Provider did not submit billing to the Carrier for the agreed upon dental services. As such, this Provider is not entitled to reimbursement through a medical fee dispute. Further, the Provider was required to file their Request for Medical Fee Dispute Resolution within one year of the date of service in accordance with Rule 133.307(c)(1)(A)."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: February 26, 2014 through October 31, 2014; Dental Services; \$2,761.00; \$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 services in dispute were reduced/denied by the respondent with the following reason codes:
  - FULB-Reimbursed 100% of billed charges.
  - CVTV-The charges have been priced in accordance to a Coventry owned contract.
  - W3
  - 1001-Based on information, we recommend further payment.
  - P12
  - W1
  - 309-Charge exceeds fee schedule allowance.

**Issue**

Did the requestor waive the right to medical fee dispute resolution?

**Findings**

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 dates of service in dispute are February 26, 2014 through October 31, 2014. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on March 30, 2016. 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**

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute have not been addressed.

***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 services in dispute.

**Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	Date
		04/21/2016

## **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 MDR 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.**