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
ERWIN CRUZ, MD

Respondent Name
DALLAS ISD

MFDR Tracking Number
M4-17-3679-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
AUGUST 17, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

Amount in Dispute: $288.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Dallas Independent School District fax number is 972-925-4011. This is not the fax number listed on Dr. Cruz's billing. Nor was there any proof submitted that the fax transmission was successful. Since the requestor has not provided sufficient proof of timely submission, no allowance is recommended."

Response Submitted By: Argus Services

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 24, 2016	CPT Code 97799-MR (X4) Medical Rehabilitation	$288.00	$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 a medical fee dispute.
2. 28 Texas Administrative Code §133.2, effective March 30, 2014 defines the words and terms used in medical bill processing.
3. 28 Texas Administrative Code §133.210, effective May 2, 2006 sets out the procedures for medical bill processing/audit by insurance carriers.
4. 28 Texas Administrative Code §134.230, effective July 17, 2016 sets out the reimbursement guidelines for medical rehabilitation programs.
5. Neither party to the dispute submitted any explanation of benefits.

Issues

Does the documentation support the respondent received the disputed bill? Is the requestor due reimbursement?

Findings

The issue in dispute is whether or not the respondent received the disputed bill and if the requestor is due reimbursement.

The requestor is seeking medical fee dispute resolution for four (4) hours of medical rehabilitation, CPT code 97799-MR, rendered to the claimant on August 24, 2016.

Neither party to the dispute submitted any explanation of benefits to support the basis of the denial of payment for the disputed services.

The requestor contends that the bill was sent and payment is due. In support of the position, the requestor submitted a copy of a bill with a stamp “Fax: +1(214)4925602”, that indicates receipt on “09/15/2016 09:07AM”.

The respondent argues that payment is not due because “The Dallas Independent School District fax number is 972-925-4011.This is not the fax number listed on Dr. Cruz’s billing. Nor was there any proof submitted that the fax transmission was successful. Since the requestor has not provided sufficient proof of timely submission, no allowance is recommended."

To determine if the requestor supported position that the bill was submitted to the respondent, the division refers to 28 Texas Administrative Code §133.2 (2) and §133.210.

28 Texas Administrative Code §133.2 (2) defines an Agent as “A person whom a system participant utilizes or contracts with for the purpose of providing claims service or fulfilling medical bill processing obligations under Labor Code, Title 5 and rules. The system participant who utilizes or contracts with the agent may also be responsible for the administrative violations of that agent. This definition does not apply to "agent" as used in the term "pharmacy processing agent.”

28 Texas Administrative Code §133.210(e) states “It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other.”

The Division finds the records in the file list different fax numbers for the respondent and their agent Argus. The division also finds the requestor does not support that the fax number (214)492-5602 belongs to the respondent and/or agent. The division also finds that the requestor did not support that the respondent and/or agent ever received the disputed bill. Because the requestor did not clearly identify the owner of the fax number or that the insurance carrier and/or agent ever received the disputed bill, reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that 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

Signature	Medical Fee Dispute Resolution Officer	9/14/2017 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 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.