



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

PRIME DIAGNOSTIC IMAGING

Respondent Name

TASB RISK MGMT FUND

MFDR Tracking Number

M4-18-5249-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

August 28, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Our claim for the MRI was denied as the claim was denied by TASB as the patient did not report the claim in a timely manner... The MRI was needed to determine the extent of injury... The MRI provided medical evidence needed for the injury."

Amount in Dispute: \$2,525.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bill was denied due to the claim being disputed in its entirety based on the PLN-1... The case had gone to contested case hearing (CCH)... and a compensable injury as accepted however the referring provider was still not approved therefore no additional payment was recommended... Prime Diagnostic was aware that upcoming bills could potentially be denied for that reason."

Response Submitted by: TASB

SUMMARY

Table with 4 columns: Dates of Service, Disputed Service, Amount in Dispute, Dismissal. Row 1: February 14, 2018, 73721, \$2,525.00, Not eligible for review

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. Texas Labor Code Chapter 504 sets out the rights and responsibilities related to Workers' Compensation Insurance Coverage for Employees of Political Subdivisions.
2. Texas Labor Code Chapter 413 sets out the rights and responsibilities related to Medical Dispute Resolution.
3. 28 Texas Administrative Code §133.307 sets out the requirements for medical fee dispute resolution.
4. 28 Texas Administrative Code §133.305 sets out the procedure for Medical Fee Dispute Resolution.
5. 28 Texas Administrative Code §141.1 sets out the procedures for Requesting and Setting a Benefit Review Conference.

Issues

1. Does the requestor have the right to file for medical fee dispute resolution?
2. Did the requestor support its request for reimbursement?

Findings

1. The respondent in this case asserts that the claim is part of the Alliance. According to The Alliance's public webpage, *The Alliance* is the trade name for a group of five Texas intergovernmental risk pools ("Pools") that have joined together to exercise the option to directly contract with health care providers for the provision of workers' compensation medical benefits to the injured employees that are members of a political subdivision. Texas Labor Code Chapter 504 titled *Workers' Compensation Insurance Coverage for Employees of Political Subdivisions* authorizes health care providers to contract with intergovernmental risk pools, such as The Alliance. Specifically, Texas Labor Code Sec. 504.053(b) (2) states, in pertinent part:

If a political subdivision or a **pool** [emphasis added] determines that a workers' compensation health care network certified under Chapter 1305, Insurance Code, is not available or practical for the political subdivision or pool, the political subdivision or pool may provide medical benefits to its employees or to the injured employees of the members of the pool...(2) by directly contracting with health care providers or by contracting through a health benefits pool established under Chapter 172, Local Government Code.

The Division considers whether the requestor has the right to file for medical fee dispute resolution in this case. The Division concluded above that a contract authorized under Sec. 504.053(b) (2) exists between the requestor and the respondent. For this reason, Sec. 504.053 (c) (3) applies and states, in pertinent part:

If the political subdivision or **pool** [emphasis added] provides medical benefits in the manner authorized under Subsection (b) (2), the following do not apply... (3) Chapter 413, except for Section 413.042.

That is, rights granted, or provisions contained within Texas Labor Code Chapter 413 titled *Medical Dispute Resolution*, except for 413.042, **do not apply** to health care providers contracted with an intergovernmental risk pool such as The Alliance. Therefore, Sec. 413.031 (c) which is the section that grants health care provider's the right to file for medical fee dispute resolution does not apply. Consequently, the administrative process outlined in 28 Texas Administrative Code §133.307 titled *MDR of Fee Disputes*, established pursuant to Texas Labor Code Sec. 413.031(c), is not available to health care providers contracted with a risk pool as authorized by Sec. 504.053(b)(2).

2. No documentation was found to support that the requestor had the right to file a medical fee dispute in this case. The Division finds that the requestor, has failed to demonstrate that it has the right to medical fee dispute pursuant to Texas Labor Code Sec. 413.031(c) and 28 Texas Administrative Code §133.307.

Conclusion

The requestor failed to support its request for reimbursement; as a result, the amount ordered is \$0.00.

The Division emphasizes that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution. Even though not all the evidence was discussed, it was considered.

ORDER

Based upon the documentation submitted by the parties, the Division has determined that the requestor does not have the right to medical fee dispute resolution pursuant to 28 Texas Administrative Code §133.307. For that reason, the amount ordered is \$0.00.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 21, 2018
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 prefieres hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.