



# 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**

KTS PARTNERS, INC.

**Respondent Name**

MITSUI SUMITOMO INSURANCE CO. OF AMERICA

**MFDR Tracking Number**

M4-19-5310-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

August 23, 2019

**Response Submitted By**

Flahive, Odgen & Latson, Attorneys at Law, PC

#### REQUESTOR'S POSITION SUMMARY

"Eloise Trevino was negligent in maintaining professional follow through of this bill and failed to maintain proper correspondence with the provider... Attached is supporting documentation that shows our attempt in getting this bill paid in a timely manner. Our belief is that either Eloise doesn't understand her role in this situation or she purposely avoided following up or following through with this process so that our bill would be denied for timely filing."

#### RESPONDENT'S POSITION SUMMARY

"The DWC-60 is stamped as received by the Division on August 23, 2019. This request is not timely..."

#### SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
July 23, 2018	Home Health Care Services	\$194.16	\$0.00

#### AUTHORITY

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

#### Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 16 – Svc lacks info needed or has billing error(s)
  - P12 – Workers' Compensation State Fee Schedule Adj

#### Issues

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

**Findings**

28 Texas Administrative Code §133.307(c)(1) requires requestors to timely file medical fee dispute resolution (MFDR) requests with DWC's MFDR Section or waive the right to MFDR.

28 TAC §133.307(c)(1)(A) further requires that a request for MFDR that does not meet any exceptions listed in 28 TAC §133.307(c)(1)(B) be filed no later than one year after the dates of service in dispute.

The disputed date of service is July 23, 2018.

The request was received in DWC's MFDR Section on August 23, 2019.

This date is later than one year after the disputed date of service.

Review of the submitted information finds the circumstances do not involve any exceptions listed in 28 TAC §133.307(c). Consequently, the MFDR request was not timely filed with DWC.

The requestor has thus waived the right to medical fee dispute resolution for these services.

**Conclusion**

In resolving disputes regarding the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the division is to adjudicate the payment, given the relevant statutory provisions and division rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above, the requestor has not established that additional reimbursement is due.

As a result, the amount ordered is \$0.00.

**ORDER**

In accordance with Texas Labor Code §413.031, based on the information submitted for review, DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

\_\_\_\_\_  
Signature

Grayson Richardson  
Medical Fee Dispute Resolution Officer

September 20, 2019  
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 TAC §133.307. The appealing party must submit a *Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision* (form DWC045M). DWC must receive the request within twenty days of your receipt of this decision.

You may fax, mail or personally deliver the request to either the field office handling the claim or to DWC at the contact information on the form. You must send a copy to all other parties in the dispute at the same time you file the request. Include a **copy** of this **Medical Fee Dispute Decision** along with any other information required by 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.