TEXAS DEPARTMENT OF INSURANCE
**Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)**
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
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# MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

## *GENERAL INFORMATION*

**Requestor Name**
Elite Healthcare Fort Worth

**Respondent Name**
Insurance Co of the State of PA

**MFDR Tracking Number**
M4-19-5334-01

**Carrier's Austin Representative**
Box Number 19

**MFDR Date Received**
August 29, 2019

## *REQUESTOR'S POSITION SUMMARY*

**Requestor's Position Summary:** "The carrier is not paying according to the authorization our facility received regarding this patient."

**Amount in Dispute:** $55.88

## *RESPONDENT'S POSITION SUMMARY*

**Respondent's Position Summary:** None

## *SUMMARY OF FINDINGS*

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|---|---|---|---|
| May 2, 2018 | 97140 | $55.88 | $0.00 |

## *FINDINGS AND DECISION*

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - P12 – Workers compensation jurisdictional fee schedule
   - Processed based on multiple or concurrent procedure rules
   - 193 – Original payment decision is being maintained

**Issue**

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

**Findings**

28 Texas Administrative Code §133.307(c)(1) states a requestor shall timely file with the DWC's MDR Section or waive the right to MFDR unless the dispute contains issues of compensability, extent of injury or liability, medical necessity or request for refund.

The date of the service in dispute is May 2, 2018. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on August 29, 2019.

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 any of the issues identified above.

DWC concludes that the requestor has failed to timely file this dispute. The right to medical fee dispute resolution is waived.

**Conclusion**

DWC finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute. For that reason, the merits of the issues raised by both 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, DWC has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

**Authorized Signature**

| | | |
|---|---|---|
| | | October 24, 2019 |
| Signature | Medical Fee Dispute Resolution Officer | 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, 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to DWC 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 DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

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