



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

South Texas Aesthetic

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-20-0071-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

September 9, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The above claim has been denied due to timely filing. However, this claim was originally sent within the timely filing limits."

Amount in Dispute: \$2,739.52

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "One year from dispute date 5/18/2018 is 5/18/19. The TDI/DWC date stamp lists the received date as 9/9/19 on the requestor's DWC-60 packet, a date greater than one year from. The requestor has waived its right to DWC MDR."

Response Submitted by: Texas Mutual

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 18, 2018	17108, 11900	\$2,739.52	\$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

- 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:
 - 29 – The time limit for filing has expired

Issue

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

Findings

28 TAC §133.307(c)(1)(B) requires that medical fee dispute resolution requests be filed no later than one year after the date of service unless issues of compensability, extent of injury, liability, refund or medical necessity exists.

The date of the service in dispute is May 18, 2018 The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on September 9, 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 issues identified above in 28 TAC §133.307(c)(1)(B).

DWC concludes that the requestor has failed to timely file this dispute with the DWC’s MDR Section waiving the right to medical fee dispute resolution.

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 9, 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 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 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.