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
ETMC Rehab

Respondent Name
State Office of Risk Management

MFDR Tracking Number
M4-20-0274-01

Carrier's Austin Representative
Box Number 45

MFDR Date Received
September 30, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This bill has been sent to State Office of Risk Management several times and we have not received payment."

Amount in Dispute: $91.51

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Office respectfully requests the Division to dismiss the medical fee dispute resolution pursuant to Rule §133.307 (c)(1) as the requestor has failed to submit the medical fee dispute within one (1) year from the date of service and Rule §133.307 (f)(3)(A) ."

Response Submitted by: State Office of Risk Management

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 23, 2018	97760	$91.51	$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:
   - 29 – The time limit for filing has expired
   - 167 – This (these) diagnosis(es) is (are) not covered

Issue

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

Findings

28 Texas Administrative Code §133.307(c)(1) states a request for medical fee dispute resolution shall be filed no later than one year after the date(s) of service in dispute unless an issue of compensability, extent of injury or liability, medical necessity or a refund exists.

The date of the service in dispute is August 23, 2018. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on September 30, 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 listed above.

The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division 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, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		October 18, 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 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.