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
WILLIAM J. VAN WYK, MD

Respondent Name
AMERICAN CASUALTY CO. OF READING, PA

MFDR Tracking Number
M4-20-0358-01

Carrier's Austin Representative
Box Number 57

MFDR Date Received
October 8, 2019

Response Submitted By
Law Office of Brian J. Judis

REQUESTOR'S POSITION SUMMARY

The requestor did not submit a position statement for consideration in this review.

RESPONDENT'S POSITION SUMMARY

"Dates of Service for 9/18/2018 and 10/03/2018 are not to be considered by the Division as the request for MDR is untimely."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
September 18, 2018 to October 3, 2018	Professional Medical Services	$2,951.00	$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) in Title 28, Part 2 of the Texas Administrative Code.

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:
   - 198 – Precertification/notification/authorization/pre-treatment exceeded.
   - P12 – Workers' compensation jurisdictional fee schedule adjustment.
   - 1 – Number of occurrences on Authorization record has been exceeded.
   - 2 – Reimbursement is based on the CMS DMEPOS fee schedule.
   - 2 – The amount paid reflects a fee schedule reduction.
   - 3 – The charge for this procedure exceeds the fee schedule allowance.
   - 4 – In accordance with the CMS Physician Fee Schedule guidelines, this service was reduced due to the Multiple Surgery Rule.
   - 5 – This service was reduced in accordance with the Workers' Compensation Fee Schedule rules for Physician Services.
   - CV – PROCEDURE DENIED PER CPT "SEPARATE PROCEDURE" RULE.

Issues

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

Findings

The health care provider did not submit a position statement for review with the request for dispute resolution.

28 Texas Administrative Code §133.307(c)(2) specifies the information and records the requestor shall provide with the MFDR request, including 28 TAC §133.307(c)(2)(N), "a position statement of the disputed issue(s)," explaining:

(i) the requestor's reasoning for why the disputed fees should be paid or refunded,
(ii) how the Labor Code and division rules, including fee guidelines, impact the disputed fee issues, and
(iii) how the submitted documentation supports the requestor's position for each disputed fee issue

Requestors are required to provide the information and records specified in Rule §133.307(c)(2) in the form and manner prescribed by the division. This decision is based on the information available at the time of review.

28 TAC §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 dates of service extend from September 18, 2018 to October 3, 2018.

The request was received in DWC's MFDR Section on October 8, 2019.

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

Review of the submitted information finds the circumstances do not involve any of the exceptions listed in 28 TAC §133.307(c)(1)(B). Consequently, the MFDR request for dates of service September 18, 2018 to October 3, 2018 was not timely filed with DWC. The requestor has thus waived the right to MFDR for these services.

Conclusion

The requestor waived the right to MFDR due to untimely filing of the request. 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

	Grayson Richardson	November 8, 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.

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.