



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

DOCTORS HOSPITAL AT RENAISSANCE

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

MFDR Tracking Number

M4-20-0481-01

Carrier's Austin Representative

Box Number 45

MFDR Date Received

October 22, 2019

Response Submitted By

State Office of Risk Management

REQUESTOR'S POSITION SUMMARY

"This is not a timely filing issue this was 1st submitted to your facility on September 13, 2018 and we spoke with Amanda Ref# MoOOO2266 who stated this bill as received on 9/19/18."

RESPONDENT'S POSITION SUMMARY

"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),"

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
August 27, 2018	Outpatient Visit: G0463	\$207.02	\$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

- 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
 - 4271 – PER TX LABOR CODE SEC. 413.016, PROVIDERS MUST SUBMIT BILLS TO PAYORS WITHIN 95 DAYS OF THE DATE OF SERVICE.
 - W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.

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

The disputed date of service is August 27, 2018.

The request was received in DWC's MFDR Section on October 22, 2019.

This date is later than one year following the date of service.

Review of the submitted information finds no circumstances involving any exceptions listed in Rule 28 TAC §133.307(c)(1)(B); consequently, the MFDR request for service date August 27, 2018 was not timely filed with DWC and is not eligible for review. The requestor has waived the right to MFDR for these services.

Conclusion

For the reasons above, the requestor has waived the right to medical fee dispute resolution.

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.