



# 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**

HUMPAL PHYSICAL THERAPY

**Respondent Name**

TX PUBLIC SCHOOL WC PROJECT

**MFDR Tracking Number**

M4-20-0556-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

OCTOBER 28, 2019

#### REQUESTOR'S POSITION SUMMARY

"Payment for the following services listed above denied due to medical diagnosis (**S83.91XA sprain of unspecified right knee, initial encounter**) does not match preauthorization diagnosis (**S83.41D other tear of medial meniscus current injury, right knee, subsequent encounter**). We strongly disagree with denial due to **patients compensable injury is limited to a sprain to the right knee only.**"

Disputed Amount: \$2,340.00

#### RESPONDENT'S POSITION SUMMARY

"CRF contends that Humpal did not bill its services consistent with its request for preauthorization. Moreover, it did not timely file its request for medical fee dispute resolution within one year after its date of service. Consequently, it is not entitled to reimbursement in this claim."

**Response Submitted by:** Creative Risk Funding

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 26, 2018 through August 14, 2018	Physical Therapy Services (8 Dates of Service) CPT Codes 97530, 97112, 97110, 97140, and G0283	\$2,340.00	\$0.00

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

**Background**

- 28 Texas Administrative Code §133.307(TAC) effective May 31, 2012, sets out the procedures for resolving medical fee disputes.

2. The services in dispute were reduced/denied by the respondent with the following claim adjustment reason codes:
- 284-Precertification/authorization/notification/pre-treatment number may be valid but does not apply to the billed services.

**Issue**

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

**Findings**

The requestor is seeking medical fee dispute resolution in the amount of \$2,340.00 for physical therapy services rendered July 26, 2018 through August 14, 2018.

The respondent denied reimbursement for the disputed services based upon "284-precertification/authorization/notification/pre-treatment number may be valid but does not apply to the billed services." A review of the explanation of benefits finds the respondent raised other issues that were not supported in the documentation submitted for review.

28 TAC §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the DWC's MFDR Section or waive the right to MFDR. The DWC shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

The dates of service in dispute are July 26, 2018 through August 14, 2018. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on October 28, 2019. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The DWC concludes that the requestor has failed to timely file this dispute with the DWC's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for these services.

**Conclusion**

The DWC finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 TAC §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute for those dates 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 DWC has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

**Authorized Signature**

_____	_____	11/25/2019
Signature	Medical Fee Dispute Resolution Officer	Date

## **YOUR RIGHT TO APPEAL**

Per 28 Texas Administrative Code §133.307(c), "Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division. (1) Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section."

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 the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the 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 the 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.**