



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

FULCRUM ORTHOPAEDICS, PLLC

Respondent Name

AMERICAN CASUALTY CO OF READING PA

MFDR Tracking Number

M4-20-0907-01

Carrier's Austin Representative

Box Number 57

MFDR Date Received

DECEMBER 13, 2019

REQUESTOR'S POSITION SUMMARY

"Our claims for dos 10/25/18 and 01/16/19 were denied for timely filing after I've sent an appeal due to claims denied for no authorization. We have not received any EOBs from with work comp carrier until November 2019."

Disputed Amount: \$4,662.39

RESPONDENT'S POSITION SUMMARY

"Untimely Filing for MDR for DOS 20/35/2018...Regarding DOS 01/16/2019, Carrier's records reflect that an EOR was generated on 02/11/2019. No request for reconsideration."

Response Submitted By: Law Office of Brian J. Judis

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 25, 2018	CPT Code 23430-LT-59	\$1,558.53	Not eligible for review
	CPT Code 23472-LT	\$3,038.97	
January 26, 2019	CPT Code 73030-LT	\$64.89	
TOTAL		\$4,662.39	

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

1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20, effective January 29, 2009, sets out the health care providers billing procedures.
3. 28 Texas Administrative Code §133.250 sets out the medical bill processing and audit by insurance carriers procedures.
4. The services in dispute were reduced / denied by the respondent with the following claim adjustment reason 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.
 - 197-Precertification/authorization/notification/pre-treatment absent.

Issue

1. Did the requestor waive the right to medical fee dispute resolution for date of service October 25, 2018?
2. Is date of service January 26, 2019 eligible for medical fee dispute resolution in accordance with 28 Texas Administrative Code §133.307?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$4,662.39 for professional services rendered on October 25, 2018 and January 16, 2019.
2. October 25, 2018:

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 request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on December 13, 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 services rendered on October 25, 2018.

3. January 16, 2019:

CPT code 73030 is described as "Radiologic examination, shoulder; complete, minimum of 2 views."

The respondent wrote, "The Carrier asserts that the Requestor is required to submit for reconsideration for the disputed DOS and has failed to do so. Therefore, this should be dismissed. The Division should find that the requestor has not supported that CPT code 73030 LT for DOS 01/16/2019 is eligible for medical fee dispute resolution in accordance with Rules 133.307 and §133.250. As a result, reimbursement should not be recommended."

Whether the requestor's medical fee dispute is eligible for review relies upon whether the requestor satisfied the relevant prerequisite requirements as follows:

- 28 Texas Administrative Code §133.307(c)(2)(J) requires the requestor to submit "a paper copy of all medical bill(s) related to the dispute, as originally submitted to the insurance carrier in accordance with this chapter and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (relating to General Medical Provisions)."
- 28 Texas Administrative Code §133.250(i) states "If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill after reconsideration, the health care provider may request medical dispute resolution in accordance with the provisions of Chapter 133, Subchapter D of this title (relating to Dispute of Medical Bills)."

When read together, the requirements listed above obligate the requestor to provide proof that the medical bill for the services in dispute was appealed in accordance with §133.250.

No documentation was found to support that the requestor sought reconsideration as required by 28 Texas Administrative Code §133.250(i). For that reason, the service in dispute is therefore not ripe for fee dispute resolution.

Conclusion

The DWC finds that the requestor has waived the right to medical fee dispute resolution for date of service October 25, 2018 per 28 TAC §133.307(c)(1)(A). The DWC also finds that the requestor failed to submit the medical billing in dispute for reconsideration as required by Rule §133.307(c)(2)(J) for date of service January 16, 2019. Because the requestor failed to seek reconsideration for the disputed medical bill, the medical fee dispute for date of service January 16, 2019 is not eligible for review.

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

_____	_____	<u>1/23/2020</u>
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 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.