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**
TEXAS HEALTH OF DALLAS

**Respondent Name**
State Office of Risk Management

**MFDR Tracking Number**
M4-20-1226-01

**Carrier's Austin Representative**
Box Number 45

**MFDR Date Received**
January 17, 2020

## *REQUESTOR'S POSITION SUMMARY*

**Requestor's Position Summary:** Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

**Amount in Dispute:** $2,922.76

## *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 |
|---|---|---|---|
| September 30, 2018 – October 2, 2018 | Hospital Services | $2,922.76 | $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 (DWC). 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

**Issues**

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

**Findings**

The health care provider must request medical fee dispute resolution within one year from the date of service, with the following exceptions:

- a related compensability, extent of injury, or liability dispute exists;
- a medical dispute regarding medical necessity has been filed; or
- the dispute relates to a refund notice issued pursuant to a division audit or review.[1]

The dates of services were September 30, 2018 through October 2, 2018. The DWC received the medical fee dispute resolution request on January 17, 2020. The DWC found no evidence to support that an exception applied to this dispute. Texas Health of Dallas has waived its right to medical fee dispute resolution for this case. No additional reimbursement is recommended.

**Conclusion**

For the reasons stated above, the DWC finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

## *ORDER*

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

| | Laurie Garnes | February 6, 2020 |
|---|---|---|
| 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 Rule §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 MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **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**.

[1] 28 TAC §133.307 (c)(1)