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
CENTRAL TEXAS ORTHOPAEDIC

Respondent Name
XL SPECIALTY INSURANCE CO

MFDR Tracking Number
M4-20-1902-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
April 10, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We feel it is unfair to penalize the provider under these circumstances, where a provider has made several attempts to collect payment for services rendered and not once a response is finally received from a Workers' Comp carrier, the date of the carrier's response is NOT considered in the processing of the claim."

Amount in Dispute: $650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CorVel asserts the requestor Central Texas Orthopaedic is entitled to $0.00 reimbursement for the disability management examination in dispute based on the requestor's failure to request medical fee dispute resolution no later than one year after the date of service in dispute."

Response Submitted by: CorVel Healthcare Corporation

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 30, 2018	Examination to Determine Maximum Medical Improvement and Impairment Rating	$650.00	$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 Central Texas Orthopaedic forfeit its right to medical fee dispute resolution for the date of service in question?

Findings

Central Texas Orthopaedic is seeking reimbursement for an examination performed on October 30, 2018.

The health care provider must request medical fee dispute resolution within one year from the date of service, except if a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed.[1] If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days of the final adjudication of the disputed issue.

The DWC received the medical fee dispute resolution request on April 10, 2020. This is more than one year after date of service October 30, 2018. The DWC found no evidence to support that final adjudication of an exception applied to this date of service.

The DWC finds that Central Texas Orthopaedic has waived its right to medical fee dispute resolution for this date of service.

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

		April 30, 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)