



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

UT HEALTH EAST TEXAS REHAB

Respondent Name

STARR INDEMNITY & LIABILITY COMPANY

MFDR Tracking Number

M4-20-2194-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

May 5, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The purpose of this letter is to inform you that payment for services provided to the above reference patient does not comply with Chapters 134.403 and 134.404 of Teas Administrative Code... This bill has been incorrectly denied. I have attached the authorization letter and the compensable body part...."

Amount in Dispute: \$306.30

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "That filing was more than one year after the dates of service. This is significant because Division rule 133.307 (c)(1)(A), provides that the request for Medical Fee Dispute Resolution shall be filed no later than one year after the date of service in dispute... the Division should dismiss the request for Medical Fee Dispute Resolution because of the untimely filing of the provider's DWC-60."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount in Dispute, Amount Due. Row 1: April 2, 2019 and April 4, 2019; 97110-GP x 2 and 97140-GP x 2; \$306.30; \$0.00

FINDINGS AND DECISION

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

Background

- 1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
Explanation of Benefit
• 219 – Based on extent of injury
• 29 – The time limit for filing has expired

- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly

### Issues

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

### Findings

1. The requestor seeks reimbursement for medical services rendered on April 2, 2019 and April 4, 2019. 28 TAC §133.307(c) (1) states in pertinent part, “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. (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 date of the services in dispute are April 2, 2019 and April 4, 2019. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on May 5, 2020. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in 28 TAC §133.307(c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division’s MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

### Conclusion

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

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of TLC §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____	_____	_____
Signature	Medical Fee Dispute Resolution Officer	May 27, 2020 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, 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 Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division 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 with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

**Si prefieres hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**