



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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

TEXAS ANESTHESIA PARTNERS

Respondent Name

NEW HAMPSHIRE INSURANCE CO

MFDR Tracking Number

M4-20-2930-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

AUGUST 14, 2020

REQUESTOR'S POSITION SUMMARY

"This claim was denied for timely filing. As the anesthesiologist we rely on the facility where our services were rendered to provide us with the correct billing information...Please reprocess and pay the attached claim, as we submitted it to the correct claims address as soon as we learned of our billing error."

Amount in Dispute: \$334.42

RESPONDENT'S POSITION SUMMARY

"According to the provider's appeal, they learned of the correct billing address on 10/22/19. The 95 days to submit to the correct TPA ended 1/28/20. We received the bill 2/11/20. We maintained the denial on reconsideration."

Response Submitted by: Broadspire

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 26, 2019	Anesthesia Services CPT Code 01830-QX	\$334.42	Not eligible for MFDR

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

Issues

Is the request for Medical Fee Dispute Resolution (MFDR) eligible for review in accordance with 28 TAC §133.307?

Findings

1. The requestor is seeking medical dispute resolution for CPT code 01830-QX rendered on April 26, 2019.
2. 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 DWC reviewed the submitted documentation and finds:

- The request for medical dispute resolution was received in MFDR on August 14, 2020.
- The disputed dates of service is April 26, 2019.
- The disputed services do not involve issues identified in §133.307(c)(1)(B).
- Date of service April 26, 2019 is past the one year deadline.
- Because the requestor did not file this dispute with MFDR within the one year deadline it is not eligible for MFDR.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute 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 disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	09/09/2020 Date
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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.