



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

COOK KATHERIN JOAN

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-21-0363-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

October 30, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "[Injured worker] was the driver of a work truck traveling approximately 50 MPH when he was involved in an automobile accident at the fault of the other driver ... I am requesting chiropractic care consisting of specific manual manipulation, physiotherapy, and active therapeutic rehabilitative exercises 3 time per week for 8 weeks."

Amount in Dispute: \$1,731.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "One year from dispute date for each DOS noted above June – August 2019 is June-August 2020. The TDI/DWC date stamp lists the received date as 10/30/2020 on the requestor's DWC-60 packet, a date greater than one year. The requestor has waived its right to DWC MDR."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: June 03, 2019 to August 05, 2019; Code 99204, 72050, 97012, 97014, 97024, 72070, 97024, 99213, A4556, 97010, 98940, 97035, 97110, 97032, 98940, 97110; \$1,731.00; \$0.00

FINDINGS AND DECISIO, 97014, 97024, 9207N

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.

Background

- 1. 28 Texas Administrative Code §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:
• CAC-P12 – Workers Compensation Jurisdictional Fee Schedule Adjustment

- CAC-W3 – In accordance with TDI-DWC Rule 134.804, This bill has been identified as a request for reconsideration or appeal
- CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
- CAC-193 – Original payment decision is being maintained upon review, it was determined that this claim was processed properly
- CAC-197 – Precertification/authorization/notification absent
- CAC-215 – Based on subrogation of a third party settlement
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 714 – Accurate CPT/HCPCS date of service units, days supply, modifiers are essential for reimbursement. Submit corrections w/ 95 day from DOS
- 762 – Denied in accordance with 134.600 (P)(12) treatment/service in excess of DWC Treatment guidelines (ODG) Per disability management rules
- 871 – Payment is being withheld because claimant received a third part settlement
- 876 – Required documentation missing or illegible. See Rule 131.1; 133.210; 129.5; or 180.22
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information
- 930 – Pre-Authorization required. Reimbursement denied

Issues

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

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states:

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 is June 03, 2019 to August 05, 2019. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on October 30, 2020A. 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 §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 Texas Labor Code §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

November 18, 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 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 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 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.