



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

ELITE HEALTHCARE SOUTH DALLAS

Respondent Name

ACE AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-21-1008-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

February 24, 2021

Response Submitted by:

ESIS

REQUESTOR'S POSITION SUMMARY

"This patient WON Contested Case Hearing on 10/08/2019 and per RULE 410.208ab, the carrier is COURT ORDERED to PAY IN FULL. Please see the attached Benefit dispute agreement. Please note, the timely filing rule is overridden when the denials involved disputed issues on the claim per RULE 133.20. Also, per RULE 413.019 we expect INTEREST to be paid as well."

RESPONDENT'S POSITION SUMMARY

"This medical dispute concerns services provided by Medical Associates of Brownsville associated with date of service June 5, 2019/June 26, 2019. The request for medical dispute resolution is not timely... Accordingly, the date of service at issue is outside of the one-year deadline and the Division lacks jurisdiction to consider this dispute."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 5, 2019 through October 19, 2019	97110, 97112, 99214, 99080-73, and 99213	\$2,483.04	\$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

- 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.

Issues

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

Findings

- 1. The requestor seeks reimbursement for medical services rendered on June 5, 2019 through October 19, 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 is June 5, 2019 through October 19, 2019. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on February 24, 2021.

28 TAC 133.307 (c)(1)(B)(i) states, "(B) A request may be filed later than one year after the date(s) of service if: (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability..."

The requestor submitted a copy of a CCH decision dated October 2, 2019, the MDR was stamped received February 24, 2021. The DWC finds the MDR submission is over the 60 days after the requestor received the final decision. Therefore, the DWC 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

		March 5, 2021
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 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 prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.