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
HTIN AUNG THAUNG, MD

MFDR Tracking Number
M4-21-1944-01

Respondent Name
TEXAS HOSPITAL INSURANCE EXHANGE

MFDR Date Received
July 1, 2021

Response Submitted by:
IMO Managed Care

Carrier's Austin Representative
Box Number 06

REQUESTOR'S POSITION SUMMARY

"On 5/7/2021, I mailed all the billing records and medical records to Texas Hospital Insurance Exchange for both the Emergency Room account & clinic account. IMO Is their bill review company. We received payment from IMO for the ER account, but nothing for the clinic account even though they were mailed at the same time. On 7/1/2021, Still no returned call from the last two voice messages I left for bill review, so I called again and left another voice message."

RESPONDENT'S POSITION SUMMARY

"Based on the submitted documentation the Division should dismiss the request for MFDR because there is no record of a reconsideration received of final action of an original bill which is required before provider can submit to MFDR... A provider must request reconsideration of a carrier's final action as a prerequisite to requesting MFDR Rule 133.250(i). In this case, because Requestor did not satisfy the prerequisite for MFDR, the Division should dismiss the request until Requestor satisfies that prerequisite."

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
April 21, 2021	99213	$113.00	$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. Title 28, Part 2, Chapter 133, Subchapter D, Rule §133.307 sets out the administrative requirements for filing of a medical fee dispute.
2. Title 28, Part 2, Chapter 133, Subchapter C, Rule §133.250 sets out the requirement for reconsideration prior to filing for medical fee dispute resolution.

Findings

The requestor seeks reimbursement for CPT code 99213 rendered on April 21, 2021. The medical fee dispute resolution program resolves disputes over payment of medical bills. Health care providers are responsible for taking certain actions *before* the filing of a medical fee dispute. These actions include but are not limited to: (1) billing the carrier for the services; (2) asking the carrier for reconsideration of the final action taken by the carrier on the originally filed medical bills; and (4) allowing the carrier 30-days to respond to the request for reconsideration.[1] The requestor has the burden to prove that it took these actions before filing for medical fee dispute resolution.

The Division now reviews the information and documentation provided by requestors, to determine whether this fee dispute is ripe for medical fee dispute resolution review.

The requirement for health care providers to seek reconsideration of a medical bill **before** filing for fee dispute resolution is found at 28 TAC §133.250 which states, in pertinent part, that if the health care provider is dissatisfied with the insurance carrier's final action on a medical bill **after reconsideration**, the health care provider may then request medical dispute resolution in accordance with the provisions of Chapter 133, Subchapter D of this title (relating to Dispute of Medical Bills).

Review of the documentation submitted finds that, Htin Aung Thaung, MD has failed to meet its burden to prove that it sought reconsideration for the services in dispute prior to filing this medical fee dispute. Absent any evidence from the requestor that reconsideration was sought, the Division finds that these services are not eligible for review.

Conclusion

For the reasons stated above, the Division finds that the requestor has not met the requirements for filing a medical fee dispute. As a result, the amount ordered is $0.00.

ORDER

Based on the submitted information, pursuant to TLC Section 413.031, the division hereby determines the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	July 22, 2021 Date

YOUR RIGHT TO APPEAL

A 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 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 TAC §141.1(d).

Si prefiere habl ar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

[1] 28 Texas Administrative Code §133.250 (j) If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill after reconsideration, the health care provider may request medical dispute resolution in accordance with the provisions of Chapter 133, Subchapter D of this title (relating to Dispute of Medical Bills).