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
Jennifer Pettibone, D.C.

Respondent Name
Texas Mutual Insurance Company

MFDR Tracking Number
M4-19-4481-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
June 11, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We timely filed the bill for services on April 14, 2018, but was denied due to incomplete modifier, the code was billed as 99456WP, and should have been as 99456W5WP. This bill was resubmitted on May 2, 2019 and was processed and not paid."

Amount in Dispute: $650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual on 4/16/18 received the bill from Jennifer Pettibone,DC. Bill received was for Designated Doctor exam 99456- WP, date of service 4/9/18 … Date of service on the bill and date of exam on the DWC 69 (box 14) do not match, bill was denied with 892 modifier … Jennifer Pettibone,DC attempted to submit a reconsideration of the previously denied, bill received included W5 modifier, but the date of services changed from 4/9/18 to 4/1/18, making it a new bill. The bill for date of service 4/1/18 was received 5/2/19, audit staff reviewed billing and documentation and denied the untimely as it was received beyond 95 days from date of service … DWC 69 (box 14) date of exam is inconsistent with date of service the provider is billing for."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 6, 2018	Designated Doctor Examination – 99456-W5-WP	$650.00	$0.00

FINDINGS AND DECISION

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 §133.20 sets out the procedures for submission of a medical bill.

2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
4. No explanations of benefits were submitted for the date of service in dispute.

Issues

Is Dr. Pettibone entitled to additional reimbursement for the examination in question?

Findings

Dr. Pettibone is seeking reimbursement for a designated doctor examination performed on April 6, 2018.

Requests for medical fee dispute resolution (MFDR) may not be filed later than one year after the date of service.[1] Exceptions to this filing deadline are limited to issues of compensability, extent of injury, or liability; medical necessity; or a request for refund.[2]

The request for MFDR was received on June 11, 2019. This is more than one year after the date of service. For this reason, Dr. Pettibone has waived the right to MFDR.

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

Authorized Signature

	Laurie Garnes	July 16, 2019
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 Rule §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. **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.

[1] 28 Texas Administrative Code §133.307(c)(1)(A)
[2] 28 Texas Administrative Code §133.307(c)(1)(B)