



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

Austin Chiropractic Associates, PA

Respondent Name

Starr Indemnity & Liability Company

MFDR Tracking Number

M4-19-4757-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

July 3, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We are requesting that you reconsider these claims since all the others have been paid correctly."

Amount in Dispute: \$1,096.37

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Incorrect modifier billed for Designated Doctor exam done by treating physician."

Response Submitted by: Medical Claims Management Solutions

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 30, 2018	98940-AT, 97140-59-GP, 97110-GP	\$248.79	\$0.00
May 31, 2018	98940-AT, 97140-59-GP, 97110-GP	\$248.79	\$0.00
June 2, 2018	98940-AT, 97140-59-GP, 97110-GP	\$248.79	\$0.00
February 8, 2019	99455-V4	\$350.00	\$0.00
Total		\$1,096.37	\$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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- 148 – This procedure on this date was previously reviewed
 - 402 – The appropriate modifier was not utilized
 - 18 – Duplicate claim/service

Issues

1. Is Austin Chiropractic Association, PA entitled to reimbursement for dates of service May 30 – June 2, 2018?
2. Is Austin Chiropractic Association, PA entitled to reimbursement for date of service February 8, 2019?

Findings

1. Austin Chiropractic Association, PA is seeking reimbursement, in part, for services provided from May 30 – June 2, 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 July 3, 2019. This is more than one year after the date of service. No evidence was presented that this dispute meets one of the exceptions set forth. For this reason, Austin Chiropractic Association, PA has waived the right to MFDR for these dates of service.

2. Austin Chiropractic Association, PA is also seeking reimbursement for an examination to determine maximum medical improvement, represented with CPT code 99455-V4.

Starr Indemnity & Liability Company denied reimbursement for this examination stating that “The appropriate modifier was not utilized.” As the treating doctor, this examination is billed with CPT code 99455, adding modifier V1, V2, V3, V4, or V5 to correspond with the last digit of the applicable office visit.³

No evidence was presented that this procedure with this code with the modifier presented in this dispute was submitted to the insurance carrier. No reimbursement for this date of service can be recommended.

Conclusion

For the reasons stated above, the DWC 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 DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____	_____
Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	September 19, 2019 Date

¹ 28 TAC §133.307(c)(1)(A)
² 28 TAC §133.307(c)(1)(B)
³ 28 TAC §134.250(3)(A)(ii)

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 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 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.