



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Millennium Chiropractic

Respondent Name

Old Republic Insurance Co

MFDR Tracking Numbers

M4-19-4816-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

July 9, 2019

Carrier Representative Name

White Espey PLLC

REQUESTOR'S POSITION SUMMARY

"The physical therapy services rendered on above dates of service through 4/28/14 were preauthorized by the carrier...and MUST BE PAID."

RESPONDENT'S POSITION SUMMARY

None

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Right to Fee Dispute Waived
March 21, 2018 through April 12, 2018	Physical Therapy	\$1,663.20	Past filing deadline (taking exception into account)

AUTHORITY

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and 28 Texas Administrative Code §133.307.

Background

1. The Austin carrier representative for Old Republic Insurance Co is White Espey PLLC. White Espey PLLC acknowledged receipt of the copy of this medical fee dispute on July 17, 2019. No response was received.
2. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - P6 – Based on entitlement to benefits
 - P4 – Workers' compensation claim adjudicated as non-compensable. This payer is not liable for claim or service/treatment
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issue

Did Millennium Chiropractic waive the right to medical fee dispute resolution?

Findings

A health care provider must timely file with the DWC medical fee dispute resolution (MFDR) section or waive the right to medical fee dispute resolution. See 28 TAC §133.307. Generally, a request for fee dispute resolution must be filed no later than one year after the dates the medical services were provided.

There is, however, an exception to the one-year deadline which permits the health care provider to file a fee dispute up to 60 days after a final decision if: (1) the medical bills are denied due to an unresolved issue of compensability, liability or the extent of the compensable injury; and (2) there is evidence of a final decision or approved agreement that resolved the compensability, liability or the extent of the compensable injury.

This medical fee dispute was received in the MFDR section on July 9, 2019.

Review of the explanation of benefits finds that dates of service March 21, 2018 through April 12, 2018 were denied based on an unresolved issue of compensability. For that reason, the 60-day exception applies.

Documentation provided by Millennium Chiropractic indicates that the DWC held a hearing to resolve the disputed conditions and injuries. A decision was issued on April 1, 2019. This fee dispute was filed later than 60 days after final resolution of the issues of compensability. The DWC concludes that Millennium Chiropractic has waived its right to a decision for these dates.

Millennium Chiropractic has waived its right to medical fee dispute resolution due to untimely filing of the fee disputes.

Conclusion

DWC finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute. Consequently, the DWC makes no further findings on this matter.

NO ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, DWC has determined that Millennium Chiropractic has waived its right to fee dispute resolution.

Authorized Signature

		October 9, 2019
Signature	Medical Fee Dispute Resolution Officer	Date

RIGHT TO APPEAL

Per 28 TAC §133.307(c)(1) a decision by the MFDR section that a request was not timely filed may be appealed.

Either party to this medical fee dispute may seek review of this DWC decision. To appeal, submit form DWC045M titled ***Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*** found at <https://www.tdi.texas.gov/forms/form20numeric.html>.

Follow the instructions on pages 3 and 4. The request must be received by the DWC within twenty days of your receipt of this decision. This decision becomes final if the request for review of this decision is not timely made.

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.

If you have questions about form DWC045M, please call CompConnection at 1-800-252-7031, Option 3 or you may email your question to CompConnection@tdi.texas.gov

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, Opcion 1.