



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

Millennium Chiropractic

Respondent Name

Old Republic Insurance Co

MFDR Tracking Numbers

M4-19-4827-01
M4-19-4815-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

July 9, 2019

Carrier Representative Name

White Espey PLLC

REQUESTOR'S POSITION SUMMARY

"You...wrongfully denied for...procedure inconsistent with the modifier...These are PRE-AUTHORIZED SERVICES...You have wrongfully denied for...based on entitlement...based on extent of injury...up to 4 hours/FCE is permissible as necessary."

RESPONDENT'S POSITION SUMMARY

None

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Right to Fee Dispute Waived
April 24, 2018 through June 12, 2018	97799-CP, 97750-FC	\$2,729.08	Past filing deadline (taking exception into account)
June 28, 2018 June 29, 2018	97799 CP	\$1,000.00	Past filing deadline

AUTHORITY

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

Background

1. Case number M4-19-4815-01 for June 12, 2018 was consolidated with case number M4-19-4827-01 which included the same June 12, 2018 service on the table of disputed services. Both disputes were filed on the same day.
2. 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.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- P6 – Based on entitlement to benefits
 - 5085 – Payment is denied as the billed diagnosis is not allowed in this claim
 - 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing
 - 10 – The billed service requires the use of a modifier
 - 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 extent of injury; and (2) there is evidence of a final decision or approved agreement that resolved the compensability, liability or extent of injury issue.

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 April 24, 2018 through June 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.
- Review of the explanation of benefits finds that dates of service June 28, 2018 and June 29, 2018 were denied for lack of a valid modifier. For that reason, the one-year deadline applies without exception. This dispute was filed later than one year after the dates of service. 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 prefiera hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, Opcion 1.