



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

AMERICAN CASUALTY COMPANY OF READING PA

MFDR Tracking Number

M4-21-1203-01

Carrier's Representative

Box Number 57

MDR Received Date

March 17, 2021

Response Submitted by:

Law Office of Brian J.Judis

REQUESTOR'S POSITION SUMMARY

"Also, please be aware that, in terms of timeliness, the agreements were signed on 12/08/2020. Those agreements were never sent to me by the carrier or the patient's attorney. I did not receive copies of those agreements until approximately two weeks later, from the patient.

Assuming that the carrier did, in fact, mail those agreements to me, Rule 102.5 states that the documents would be considered received at my clinic 5 days after the date they were mailed. Assuming that the carrier was capable of mailing the agreements to me on the same day they were signed and received by the DWC,

(12/08/20) they would have been considered to have been received by me on 12/14/20. Counting 90 days past 12/14/2020 would land on 03/14/2021. Then, adding 2 days for Christmas, 1 day for New Year's Day, and 1 day for MLK's birthday, we arrive at a deadline for filing of 03/18/2021."

RESPONDENT'S POSITION SUMMARY

"Carrier submits the attached Payment History indicating that payment of \$32,070.30, \$400.00 and \$2.63 were issued to and cashed by Eric Vanderwerff..."

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
July 2, 2018 through March 28, 2019	Professional Services	\$34,732.44	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code (TLC) §413.031 and all-applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

- 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.

Issues

Is the requestor entitled to additional reimbursement for the services in dispute?

Findings

The requestor seeks reimbursement for professional services rendered on July 2, 2018 through March 28, 2019.

The insurance carrier issued payments to the requestor in the amount of \$32,070.30, \$400.00, and \$2.63 for dates of service July 2, 2018 through March 28, 2019. The DWC contacted the requestor to confirm receipt of payment on July 21, 2021, the requestor indicated "I will await receipt of payment, and for the checks to clear, before I respond to your inquiry."

The DWC contacted the carrier and obtained copies of cashed checks to confirm that the payments issued by the carrier were received by the requestor. The insurance carrier submitted copies of the cashed checks issued for payment of the services in dispute.

The DWC completed a MAR calculation to determine if the insurance carrier issued the MAR amount for each disputed date of service. The DWC concluded that the insurance carrier paid the requestor the MAR amount for the services in dispute. The requestor seeks an amount of payment over the MAR, for those charges exceeding the MAR, the DWC finds that the requestor is not entitled to reimbursement.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requestor has not established payment is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of TLC §413.031, the DWC has determined that the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	August 20, 2021 Date
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YOUR RIGHT TO APPEAL

Either 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 hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.