



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

James Elbert Brown, D.C.

Respondent Name

City of Denton

MFDR Tracking Number

M4-23-0259-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

September 29, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 15, 2021 – May 17, 2021	Chiropractic Services	\$2,550.00	\$0.00

Requestor's Position

We have 11 outstanding bills, totaling \$2,550.00 in charges. Gallagher Bassett, specifically this patient's claim adjuster and supervisor, have failed to approve and issue the payments owed.

Amount in Dispute: \$2,550.00

Respondent's Position

The Austin carrier representative for City of Denton is Hoffman Kelley, LLP. The representative was notified of this medical fee dispute on October 4, 2022.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service
- Notes: "TAX ID NOT FOUND"

Issues

1. Is James Elbert Brown, D.C. entitled to additional reimbursement?

Findings

1. Dr. Brown is seeking reimbursement for chiropractic services performed from April 15, 2021, through May 17, 2021.

Per 28 TAC §133.307 (c)(1), the health care provider must request medical fee dispute resolution within one year from the date of service, except if a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed. If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days after the date the requestor receives the final decision.

DWC received the medical fee dispute resolution request on September 29, 2022. This is more than one year after the dates of service in question. The division found no evidence to support that final adjudication of an exception applied to this date of service.

DWC finds that Dr. Brown has waived the right to medical fee dispute resolution for the dates of service in question.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	March 23, 2023 _____ 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 under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.