



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Richard Adair, D.C.

Respondent Name

Safety National Casualty Corp.

MFDR Tracking Number

M4-23-1382-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 3, 2022	Designated Doctor Examination 99456-W5-NM; 99456-MI	\$50.00	\$0.00

Requestor's Position

"This Claim was originally billed for two DWC Form 69 forms. The original claim was paid at \$850.00, but should have been paid at 100%. We billed 99456 MI at \$50.00. The TDI rule states that payment for DWC Form 69 forms are the be paid at \$50.00 for each additional Form 69 after the first. We submitted two Form 69's and did not receive payment for the additional form."

Amount in Dispute: \$50.00

Respondent's Position

"After review, National has determined that it will pay the disputed amount and has put the payment directions into place."

Response Submitted by: Stone Loughlin Swanson

Findings and Decision

Authority

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

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 306 – To reprice this code requires the appropriate modifier. Please attach the appropriate modifier and resubmit.
- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 95 – Plan procedures not followed.
- U00 – there was no UR procedure/treatment request received.
- Notes: "99456 services denied by system. Review not required."

Issues

1. Did Richard Adair, D.C. forfeit the right to medical fee dispute resolution for the date of service in question?

Findings

1. Dr. Adair is seeking additional reimbursement for a designated doctor examination performed on January 3, 2022.

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 February 13, 2023. This is more than one year after date of service January 3, 2022. Designated Doctor examinations are not subject to denial based on the exceptions to timely filing. Therefore, DWC finds that Dr. Adair has waived the right to medical fee dispute resolution for this date of service.

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 requestor 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

September 1, 2023

Date

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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.