



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Combined Chiropractic Services

**Respondent Name**

San Antonio Water System Saws

**MFDR Tracking Number**

M4-24-0989-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

January 8, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 6, 2022	97110	\$180.00	\$0.00
July 6, 2022	97140	\$45.00	\$0.00
July 5, 2022	97110	\$180.00	\$0.00
July 5, 2022	97140	\$45.00	\$0.00
June 23, 2022	97110	\$180.00	\$0.00
June 23, 2022	97140	\$45.00	\$0.00
May 24, 2022	97110	\$180.00	\$0.00
May 24, 2022	97140	\$45.00	\$0.00
May 20, 2022	97110	\$180.00	\$0.00
May 20, 2022	97140	\$45.00	\$0.00
May 18, 2022	97110	\$180.00	\$0.00
May 18, 2022	97140	\$45.00	\$0.00
April 25, 2022	97110	\$180.00	\$0.00
April 25, 2022	97140	\$45.00	\$0.00
September 20, 2022	97110	\$180.00	\$0.00
September 20, 2022	97140	\$45.00	\$0.00
April 7, 2022	97110	\$180.00	\$0.00
April 7, 2022	97140	\$45.00	\$0.00
April 12, 2022	97110	\$180.00	\$0.00
April 12, 2022	97140	\$45.00	\$0.00

April 11, 2022	97110	\$180.00	\$0.00
April 11, 2022	97140	\$45.00	\$0.00
December 15, 2021	97110	\$180.00	\$0.00
December 15, 2021	97140	\$45.00	\$0.00
November 18, 2021	97110	\$180.00	\$0.00
November 18, 2021	97140	\$45.00	\$0.00
December 2, 2021	97110	\$180.00	\$0.00
December 2, 2021	97140	\$45.00	\$0.00
<b>Total</b>		<b>\$3,150.00</b>	<b>\$0.00</b>

### **Requestor's Position**

The requestor did not submit a position statement with this request for MFDR. They did submit a reconsideration dated January 4, 2024 that states, "In this packet you will find what is still outstanding for our office, and the patient ledger, everything after and everything before have been paid, EOB's, medical documentation. Our office is looking for a speedy resolution to this matter."

**Amount in Dispute:** \$3,150.00

### **Respondent's Position**

"It is the carrier's position that the provider's request for medical fee dispute resolution should be dismissed. However, if it is not dismissed, then we would ask for a finding that the provider is not entitled to any payment from the carrier. First, the provider did not timely file a DWC 60. Secondly the medical bills were not timely submitted. Moreover, although the provider received preauthorization approval from some of the dates of service in question, services prior to May 13, 2022 never went through preauthorization. Yet the services in question were physical therapy which required preauthorization."

**Response submitted by:** Flahive, Ogden & Latson

### **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 \(TAC\) §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:

- 29 – The time limit for filing has expired.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title.
- 197 – Precertification/authorization/notification/pre-treatment absent.
- 18 – Exact duplicate claim/service.

### Issues

1. Did the requestor waive the right to medical fee dispute resolution?

### Findings

1. The requestor is seeking payment for physical therapy services rendered in 2021 and 2022. The insurance carrier denied the claim based on lack of prior authorization and timely filing.

DWC Rule 28 TAC §133.307(c)(1) states:

"Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

- (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.
- (B) A request may be filed later than one year after the date(s) of service if:
  - (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
  - (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or
  - (iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The dates of the service in dispute are November 18, 2021, December 2 and 15, 2021 and April 2022 through September 2022. The request for medical dispute resolution was

received at the Division on January 8, 2024.

Review of the submitted documentation found insufficient evidence to support an exception as detailed above. The requestor has waived their right to MFDR.

### 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 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**

_____	_____	February 1, 2024
Signature	Medical Fee Dispute Resolution Officer	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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).