



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Millennium Chiropractic

Respondent Name

Carrollton Farmers Branch ISD

MFDR Tracking Number

M4-25-1311-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

February 12, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 9, 2024	97110-GP, G0283-GP, 97140-GP, 97112-GP and 97012-GP	\$639.69	\$0.00
February 12, 2024	97110-GP, G0283-GP, 97140-GP, 97112-GP and 97012-GP	\$639.69	\$0.00
February 22, 2024	97110-GP, G0283-GP, 97140-GP, 97112-GP and 97012-GP	\$639.69	\$0.00
February 27, 2024	97110-GP, G0283-GP, 97140-GP, 97112-GP and 97012-GP	\$639.69	\$0.00
February 28, 2024	99214	\$250.00	\$0.00
Total		\$2,808.76	\$0.00

Requestor's Position

"With the exception of the re-examination (99214), all other services rendered on the above dates of service were pre-authorized by the carrier (see enclosed pre-authorization letter dated 11/07/23, and the pre-authorization extension letter dated 02/12/24), and were performed and billed in accordance with the ODG and Medical Fee Guideline and MUST BE PAID."

Amount in Dispute: \$2,808.76

Respondents' Position

"The request for dispute resolution was late Requestor did not request dispute resolution within one year of dates of service 02/09/24 and 02/12/24 as required by DWC Rule 133.307. Accordingly, DWC has no jurisdiction to consider those dates of service. Conclusion CFBISD properly returned Requestor's bills because they were incomplete. Requestor did not resubmit the bills with the missing information. Therefore, Requestor is not entitled to payment for any of the bills. In addition, the request for dispute resolution was untimely for dates of service 02/09/24 and 02/12/24."

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.
2. [28 TAC §133.10](#) sets out the health care providers billing procedures, required billing forms/formats.
3. [28 TAC §133.200](#) sets out the insurance carrier receipt of medical bills from health care providers.
4. [28 TAC §133.2](#) sets out the definitions for general rules for medical billing and processing.

Denial Reasons

Neither party submitted explanations of benefits for consideration in this review.

Issues

1. Has the requestor waived their right to medical fee dispute resolution for date of service February 9, 2024?
2. Did the requestor submit a complete medical bill in accordance with 28 TAC 133.10?

Findings

1. The requestor seeks payment in the amount of \$639.69, for medical services provided on February 9, 2024.

The service in question was performed on February 9, 2024. The medical fee dispute was received by the Division on February 12, 2025.

Per 28 TAC §133.307 (c)(1), the requestor must request medical fee dispute resolution within one year from the date of service, unless 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.

The DWC received the medical fee dispute resolution request on February 12, 2025. This is more than one year after the date of service February 9, 2024. DWC found no evidence to support that an exception applied to this date of service.

A review of the submitted documentation finds that the disputed service, February 9, 2024, does not involve issues identified in 28 TAC §133.307 (c) (1) (B). The DWC concludes that the requestor has failed to timely file, date of service February 9, 2024, with the Division; consequently, the requestor has waived the right to medical fee dispute resolution.

2. The requestor seeks reimbursement for professional services rendered on February 12, 2024, February 22, 2024, February 27, 2024, and February 28, 2024.

The following details are the data elements that were excluded from the medical bills associated with the disputed services. These exclusions may have an impact on the processing and payment of the claims.

The DWC finds the following. DWC Rule TAC §133.10 (f) states, "All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form."

DWC Rule TAC §133.10 (f)(1)(H) states, "workers' compensation claim number assigned by the insurance carrier (CMS-1500/field 11) is required when known; the billing provider must leave the field blank if the workers' compensation claim number is not known by the billing provider..."

The DWC finds that the claim number indicated on the medical bills, although incorrect, is known to the insurance carrier and therefore the return of the medical bill for this reason is not supported.

DWC Rule TAC §133.10 (f)(1)(I) states, "date of injury and "431" qualifier (CMS-1500, field 14) are required..."

A review of the submitted documentation finds that the requestor did not populate CMS-1500, field 14 on the medical bills submitted to the respondent. The medical bills were returned by the respondent to the requestor, and a rejection letter was issued identifying the missing information on five separate occasions. The insurance carrier indicated that because the medical bills were incomplete, they were returned to the requestor.

The division concludes that the requestor has not provided evidence that a complete medical bill was submitted to the insurance carrier for review prior to the medical fee dispute resolution request. As a result, payment for the disputed services is not recommended.

Conclusion

DWC finds the requestor 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

Signature

Medical Fee Dispute Resolution Officer

April 2, 2025
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.