



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kimberly Farrington, D.C.

Respondent Name

New Hampshire Insurance Co.

MFDR Tracking Number

M4-22-1535-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 25, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 8, 2021	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$500.00

Respondent's Position

The Austin carrier representative for New Hampshire Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 29, 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 §133.210 sets out the procedures for medical documentation.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.235 sets out the fee guidelines for examinations to determine extent of the compensable injury.

Denial Reasons

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

- 109 – Claim not covered by this payer/contractor, you must send the claim to the correct payer/contractor.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.

Issues

1. Is the insurance carrier's denial based on liability supported?
2. Is Kimberly Farrington, D.C. entitled to reimbursement?

Findings

1. Dr. Farrington is seeking reimbursement for an examination to determine extent of the compensable injury. Gallagher Bassett, on behalf of New Hampshire Insurance Co., denied the services in question stating, "Claim not covered by this payer/contractor, you must send the claim to the correct payer/contractor."

Per "It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other."

Review of available information finds that Gallagher Bassett was an agent of the insurance carrier. For this reason, the denial for this reason is not supported.

2. Because the insurance carrier failed to support its denial of payment for the service in question, Dr. Farrington is entitled to reimbursement.

The submitted documentation indicates that Dr. Farrington performed an examination to determine extent of the compensable injury. According to 28 TAC §134.235, the maximum allowable reimbursement for this examination is \$500.00. This amount is recommended.

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 established that additional reimbursement of \$500.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that New Hampshire Insurance Co. must remit to Kimberly Farrington, D.C. \$500.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 7, 2022

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 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.

