



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Tammia Guest, D.C.

Respondent Name

ABF Freight System, Inc.

MFDR Tracking Number

M4-23-0062-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

September 6, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 28, 2022	Designated Doctor Examination 99456-W5-NM	\$350.00	\$0.00

Requestor's Position

We have submitted multiple collection requests and have not received partial or full payment. Per our records, the bill was submitted to the insurance carrier on: 03/18/2022.

Amount in Dispute: \$350.00

Respondent's Position

The Austin carrier representative for ABF Freight System, Inc. is Parker & Associates, LLC. The representative was notified of this medical fee dispute on September 13, 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 §133.20 sets out the procedures for submitting medical bills.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

Issues

1. Is Tammia Guest, D.C. entitled to additional reimbursement?

Findings

1. Dr. Guest is seeking reimbursement for a designated doctor examination to determine maximum medical improvement.

Per 28 TAC §133.20 (a) and (b), the health care provider is required to submit a bill to the insurance carrier no later than 95 days from the date of service.

For medical fee dispute resolution, 28 TAC §133.307 (c)(2)(J) requires the requestor to submit the the division, a copy of all medical bills as submitted to the insurance carrier.

Review of the submitted documentation finds no evidence that the requestor submitted a medical bill for the services in question to the insurance carrier. Reimbursement cannot be 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 20, 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 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.