



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Gregory Sheppard, D.C.

Respondent Name

Starstone National Insurance Co.

MFDR Tracking Number

M4-23-2467-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

May 26, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 26, 2022	Designated Doctor Examination 99456-W5-NM	\$350.00	\$0.00
	Designated Doctor Examination 99456-W8-RE	\$500.00	\$0.00
Total		\$850.00	\$0.00

Requestor's Position

"Please see attached documentation showing initial submission within 95 days of the service. This invoice was rebilled due to incorrect insurance carrier name on the 32. We were notified of this on 11/07/2022 per CBC's response to the MFDR submission."

Amount in Dispute: \$850.00

Respondent's Position

The Austin carrier representative for Starstone National Insurance Co. is Downs-Stanford, P.C. The representative was notified of this medical fee dispute on June 6, 2023.

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 \(TLC\) §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 the payment for the disputed services with the following claim adjustment codes:

- TX29 – The time limit for filing has expired.
- 4271 – Per Tx Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.

Issues

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

Findings

1. Dr. Sheppard is seeking reimbursement for a designated doctor examination performed on April 26, 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 May 26, 2023. This is more than one year after date of service April 26, 2022. DWC found no evidence to support that final adjudication of an exception applied to this date of service.

DWC finds that Dr. Sheppard 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

August 11, 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.