

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Candice L. Addison, M.D.

Respondent Name

Dallas Area Rapid Transit

MFDR Tracking Number

M4-24-1011-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

January 11, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 29, 2022	Designated Doctor Examination 99456-W5-WP	\$2,500.00	\$0.00

Requestor's Position

"This evaluation was required and authorized by the Division of Workers Compensation of the Texas Department of Insurance ... It is apparent that you have disbursed an amount that is less than expected with reference to normal and fair protocols set forth by the TDI (Texas Department of Insurance)."

Amount in Dispute: \$2,500.00

Respondent's Position

"The provider is not owed any additional payment. The provider placed the injured worker NOT at MMI which per the TDI pays \$350 ..."

"The date of service was 9/29/22. The date of MFDR filing was 1/11/24. Therefore, the medical fee dispute resolution was not timely filed by the requestor within 1 year after the date of service in dispute per Rule 133.307(c)(1)(A)."

Response Submitted by: Hoffman Kelley Lopez LLP

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 reduced the payment for the disputed services with the following claim adjustment codes:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule allowance.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- 1001 – Based on the corrected billing and/or additional information/documentation now submitted by the provider, we are recommending further payment to be made for the above noted procedure code.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 947 – Upheld. No additional allowance has been recommended.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- MA46 – Alert: The new information was considered but additional payment will not be issued.

Issues

1. Did Candice L. Addison, M.D. waive the right to medical fee dispute resolution for the date of service in question?

Findings

1. Dr. Addison is seeking reimbursement for a designated doctor examination performed on September 29, 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.

The DWC received the medical fee dispute resolution request on January 11, 2024. This is more than one year after the date of service rendered on September 29, 2022. DWC found no evidence to support that final adjudication of an exception applied to this date of service.

DWC finds that Dr. Addison 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

March 27, 2024

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.