

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### General Information

**Requestor Name**

Kimberly Farrington, D.C.

**Respondent Name**

Sherwin Williams Co.

**MFDR Tracking Number**

M4-24-1566-01

**Carrier's Austin Representative**

Box Number 48

**DWC Date Received**

March 17, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 10, 2023	Designated Doctor Examination 99456-W5-WP	\$650.00	\$0.00
<b>Total</b>		\$650.00	\$0.00

### Requestor's Position

"This bill has never been paid."

**Amount in Dispute:** \$650.00

### Respondent's Supplemental Position

"Our bill audit company has determined additional monies are owed in the amount of \$650.00. Interest in the amount of \$0.00 has been added."

**Response Submitted by:** Gallagher Bassett

## 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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

### Adjustment Reasons

- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 00663 - REIMBURSEMENT HAS BEEN CALCULATED ACCORDING TO STATE FEE SCHEDULE GUIDELINES.
- 5853 - The amount paid reflects a fee schedule reduction.
- 93 – No claim level adjustment.
- 29 – 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. Has the requestor been reimbursed for the service in dispute as of the date of this review?
2. Has the requestor waived its right to medical fee dispute resolution (MFDR)?

### Findings

1. Per the DWC060, Medical Fee Dispute Resolution Request Form, the requestor, Kimberly Farrington, D.C., is seeking reimbursement in the amount of \$650.00 for a designated doctor examination rendered on March 10, 2023.

In its supplemental response to this medical fee dispute, the insurance carrier submitted an explanation of benefits (EOB) dated April 17, 2024, documenting payment for the disputed date of service in the amount of \$650.00. The EOB submitted provided a check date and number as proof of payment.

DWC finds that the service in dispute has been reimbursed in the amount of \$650.00 as of the date of this review. The reimbursement amount paid fulfills the amount that the requestor is seeking in this medical fee dispute.

2. The requestor is seeking reimbursement for a designated doctor examination rendered on the disputed date of service March 10, 2023. The medical fee dispute resolution (MFDR) request form, DWC060, was received by the division on March 17, 2024.

28 (TAC) §133.307 (c)(1)(A) sets out the timely filing procedures for Medical Fee Dispute Resolution (MFDR) requests. It requires a request for MFDR that does not meet any exceptions listed in 28 TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute. 28 TAC §133.307(c)(1)(B) sets out those exceptions, stating, "A request may be filed later than one year after the date(s) of service if:

- (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
- (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or
- (iii) the dispute relates to a refund notice issued pursuant to a division audit or review; the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice. "

The disputed date of service is March 10, 2023. On March 17, 2024, DWC received the DWC060 request form. The disputed service does not meet any of the exceptions specified in 28 TAC 133.307(c)(1)(B), according to an examination of the submitted documentation. DWC finds that more than a year has passed since the disputed date of service and the request for medical fee dispute resolution was submitted.

According to DWC, the requestor has forfeited its right to MFDR and is not eligible for Medical Fee Dispute Resolution review. Therefore, DWC cannot adjudicate for additional reimbursement for the disputed 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 reimbursement is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 additional reimbursement for the disputed services.

**Authorized Signature:**

June 4, 2024

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
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](http://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](mailto: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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).