



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kimberly Farrington, D.C.

Respondent Name

General Motors, LLC

MFDR Tracking Number

M4-24-1587-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

March 20, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 30, 2023	Designated Doctor Examination W5 WP	\$350.00	\$0.00
Total		\$350.00	\$0.00

Requestor's Position

"This bill has never been paid. I would appreciate your assistance."

Amount in Dispute: \$350.00

Respondent's Position

"As reflected in the attached EOB, General Motors, LLC properly reimbursed Kimberly Farrington on July 19, 2023, in accordance with the Texas Workers' Compensation Act Division Rules."

Response Submitted by: BURNS ANDERSON JURY & BRENNER, L.L.P.

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 Medical Fee Dispute Resolution requests.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission by health care providers.

Adjustment Reasons

The insurance carrier paid, reduced, or denied the payment for the disputed services with the following claim adjustment codes:

- 4150 – AN ALLOWANCE HAS BEEN PAID FOR A DESIGNATED DOCTOR EXAMINATION AS OUTLINED IN 134.204(J) FOR ATTAINMENT OF MAXIMUM MEDICAL IMPROVEMENT. AN ADDITIONAL ALLOWANCE IS PAYABLE IF A DETERMINATION OF THE IMPAIRMENT CAUSED BY THE COMPENSABLE INJURY WAS ALSO PERFORMED.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

Issues

1. What service is in dispute?
2. Has the requestor been reimbursed for the disputed service?
3. Is the requestor entitled to additional reimbursement?

Findings

1. A review of the Medical Fee Dispute Resolution Request, Form DWC060, finds that in the "Table of Disputed Services", the field labeled "Treatment or Service Codes in Dispute" contains only the code modifiers "W5 WP." A review of the remaining documents submitted by the requestor finds that all other documentation refers to CPT code 99456-W5-NM rendered on the disputed date of service. Therefore, DWC has determined that only CPT code 99456-W5-NM is in dispute.

- The requestor is seeking \$350.00 for a disputed designated doctor examination rendered on June 30, 2023. The requestor's position statement, submitted on March 20, 2024, asserts that the designated doctor has not been paid for the service in dispute.

A review of the submitted explanation of benefits (EOB) document dated July 19, 2023, finds that the insurance carrier allowed reimbursement in the amount of \$350.00 for the designated doctor examination in dispute. The EOB provides an electronic transfer funds (EFT) tracer number of the payment made to the requestor on July 20, 2023, in the amount of \$350.00 via EFT.

DWC finds that the greater weight of evidence indicates that the requestor has been previously paid their charges in full for the designated doctor examination rendered on June 30, 2023.

- A review of the submitted medical bill finds that on the disputed date of service, the requestor charged \$350.00 for a designated doctor examination, billed under CPT code 99456-W5-NM, indicating that the injured employee had not yet reached maximum medical improvement.

Because the insurance carrier supported the claim that the service in dispute has been previously paid in the amount of \$350.00, payment in full, DWC finds that the requestor is not entitled to additional reimbursement.

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 additional reimbursement for the disputed services.

Authorized Signature:

Signature

Medical Fee Dispute Resolution Officer

May 31, 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, 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.tas.gov.