



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Beau T. Kirkwood, D.O.

**Respondent Name**

State Office of Risk Management

**MFDR Tracking Number**

M4-25-0475-01

**Carrier's Austin Representative**

Box Number 45

**DWC Date Received**

October 28, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 16, 2024	Designated Doctor Examination 99456-W5-WP	\$800.00	\$0.00

### Requestor's Position

"Review of submitted documentation finds that the doctor performed an evaluation of Maximum Medical Improvement and Impairment Rating. The insurance carrier has failed to submit payment for the Medical Fee Guidelines allowable for a State issued Designated Doctors Evaluation. The EOB reason code for denial is 29: the time limit for filing has expired. However, the claimant was sent out for additional testing by Dr. Kirkwood ... The report was sent to us on 08/26/24, however they did not complete what the referral was requesting ... Attempts were made to have the claimant rescheduled, however the specialist stated that they were unable to complete the requirements. Dr. Kirkwood wanted to do the field testing ... and the claimant agreed to come in on 09/23/24. Claimant then cancelled appointment and would no longer respond. Dr. Kirkwood completed his DD report on 10/07/24 and was sent out to all parties."

**Amount in Dispute:** \$800.00

### Respondent's Position

"Upon receiving notification of the dispute submitted by the requestor RMJ Evaluations the

Office reviewed the disputed charges and determined we will maintain our denial. There is no evidence in the dispute packet to support the two criteria outlined in Texas Labor Code §408.0272(b), (c), or (d) to apply toward a timely filing waiver.”

**Response Submitted by:** State Office of Risk Management

## **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 \(TAC\) §133.20](#) sets out the procedures for submission of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [TLC §408.0272](#) sets out the exceptions to the timely filing of a medical bill.

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 29 – The time limit for filing has expired.
- 18 – Exact duplicate claim/service

### Issues

1. Is Beau T. Kirkwood, D.O., entitled to reimbursement for the examination in question?

### Findings

1. Dr. Kirkwood is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

With a few exceptions, 28 TAC §133.20 (b) requires submission of medical bills not later than 95 days from the date of service. TLC §408.0272 (b) provided the exceptions to this requirement, which include:

- The health care provider filed the bill by mistake to
  - an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured
  - a health maintenance organization that issues evidence of coverage under which

the injured employee is a covered enrollee; or

- a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

TLC §408.0272 (d) also states that the period for submitting a claim for payment may be extended by the agreement of the parties.

No evidence was received to support that Dr. Kirkwood submitted the medical bill to the insurance carrier within 95 days from the date of service. No evidence was received to support that one of the allowed exceptions applied to the bill in question, or that an agreement had been reached with the insurance carrier to extend the time limit for filing.

DWC finds that Dr. Kirkwood is not entitled to reimbursement for the examination in question.

### 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 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

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

January 28, 2025

\_\_\_\_\_  
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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).