Division of Workers' Compensation

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete, if known:

DWC Claim #

Carrier Claim #

Medical Fee Dispute Resolution Request

I. Requestor Information

1. Type of Requestor **(check the appropriate box)**

☐ Injured Employee ☐ Health Care Provider ☐ Pharmacy Processing Agent ☐ Subclaimant

2. If Injured Employee is checked in Box 1, provide the following information:

Is the injured employee a first responder, as defined in Texas Labor Code Section 504.055, who sustained a serious bodily injury*? ☐ Yes ☐ No If yes, the medical fee dispute resolution process will be expedited.

*bodily injury that creates a substantial risk of death or that causes death, serious permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ

3. Requestor's Name

4. Requestor's Contact Name (if other than requestor)

5. Requestor's Address

6.Requestor's Phone Number

7.Requestor's Fax Number

8. Requestor's City, State, ZIP

9. Requestor's Email Address

II. Claim Information

10. Injured Employee's Name

11. Date of Injury (mm/dd/yyyy)

III. Table of Disputed Services

(Not required if Injured Employee is checked in Section I, Box 1. Injured employees must provide documentation as listed in the *Frequently Asked Questions* on Page 3 of this form.)

Dates of Service in Dispute	Treatment or Service Codes in Dispute	Amount Billed	Amount Paid	Amount in Dispute
	TOTAL			

For DWC Use Only

III. Table of Disputed Services (Continued) (Not required if Injured Employee is checked in Section I, Box 1. Injured employees must provide documentation as listed in the *Frequently Asked Questions* on Page 3 of this form.)

Dates of Service in Dispute	Treatment or Service Codes in Dispute	Amount Billed	Amount Paid	Amount in Dispute
	TOTAL from Page 1			
	GRAND TOTAL			

Requestor's Name:

DWC Claim #

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Frequently Asked Questions

Medical Fee Dispute Resolution Request (DWC Form-060)

What documentation is required when filing the DWC Form-060?

The required documentation of disputed services that must go with the request for medical fee dispute resolution depends on the type of entity requesting medical fee dispute resolution under 28 Texas Administrative Code Section 133.307. See the chart below for guidance on specific types of requestors. In addition, all requestors **except injured employees** must complete the *Table of Disputed Services*.

Health Care Provider or Pharmacy Processing Agent

Required documentation:

- A copy of all medical bills related to the dispute.
- A copy of all medical bills submitted to the insurance carrier for reconsideration.
- A copy of each explanation of benefits (EOB) related to the dispute (or convincing evidence that the insurance carrier received the request for EOB).
- A copy of the final decision on compensability, extent of injury, liability or medical necessity for the health care related to the dispute, if applicable.
- A copy of all applicable medical records related to the dates of service in dispute.
- A position statement of the disputed issues in accordance with 28 TAC Section 133.307(c)(2)(N).
- If the dispute involves health care for which the Texas Department of Insurance, Division of Workers' Compensation (DWC) has not established a maximum allowable reimbursement or reimbursement rate, include documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate in accordance with 28 TAC Section 134.1 or Section 134.503, as applicable.
- A signed and dated copy of the agreement between the agent and the pharmacy (applies only to pharmacy processing agent).
- Other documentation the requestor believes is applicable to the medical fee dispute.

Subclaimant

Subclaimants must provide the appropriate information and documentation as follows:

- A request made under Labor Code Section 409.009 must comply with 28 TAC Section 140.6.
- A request made under Labor Code Section 409.0091 must comply with 28 TAC Section 140.8.

Injured Employee

Required documentation:

- ☐ A description of the services in dispute, including the dates of service, amount you paid for each disputed service, and amount of the medical fee in dispute.
- ☐ An explanation of why the disputed amount should be refunded or reimbursed and how the submitted documentation supports the explanation for each disputed amount.
- ☐ Proof of injured employee payment (copies of receipts, health care provider billing statements, or similar documents).
- ☐ A copy of the insurance carrier’s or health care provider’s denial of reimbursement or refund relevant to the dispute (or convincing evidence of the injured employee’s attempt to get reimbursement or a refund).

How do I file the DWC Form-060 and supporting documentation?

Secure File Transfer Protocol (SFTP)*

Email: MedFeeDispute-Submission@tdi.texas.gov

Fax: 512-490-1044

Mail: Texas Department of Insurance
Division of Workers' Compensation
PO Box 12050
Austin, Texas 78711

Overnight: For sending documents though a non-Post office vendor, please find the details on the DWC website

*DWC offers electronic filing options through SFTP. For more information, contact DWC at eFiling-Help@tdi.texas.gov or visit our website at www.tdi.texas.gov/wc/carrier/efileoptions.html.

Is there a deadline for filing the DWC Form-060?

Generally, the request must be filed no later than one year after the dates of the service in dispute. Exceptions to the one-year filing deadline are in 28 TAC Section 133.307(c)(1). The request is deemed filed when DWC receives it.

Questions?

You can get more information about the medical fee dispute resolution process by calling the CompConnection at 800-252-7031, option 3, or emailing mdrinquiry@tdi.texas.gov. You can also access the medical fee dispute resolution rules on the TDI website at www.tdi.texas.gov/wc/mfdr/.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you.
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html