

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Cynthia Gans, D.C.

Respondent Name

Luba Casualty Insurance Company

MFDR Tracking Number

M4-21-2074-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

July 12, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 5, 2020	Designated Doctor Examination (99456-W5-NM, 99456-W6-RE, 99456- W5-MI)	\$900.00	\$0.00

Requestor's Position

"DESIGNATED DOCTOR EXAMINATION NO PAYMENT RECEIVED"

Amount in Dispute: \$900.00

Respondent's Position

"Payment issued in the amount of \$900.00 to the provider on 3-29-2021 for the services provided on 11-05-2020. The Carrier has checked its bank account records and the \$900.00 check to the provider has not cleared the bank. The Carrier has stopped payment on the check issued 03-29-2021 and has requested reissuance of a check in the amount of \$900.00 to the provider. Enclosed please find the EOB that issued on 03-29-2021 regarding the \$900.00 payment."

Response Submitted by: Hoffman Kelley Lopez, LLP

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

Per explanation of benefits dated November 20, 2020, the insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 107 – The related or qualifying claim/service was not identified on this claim.
- C28 – Denied: Per carrier, this treatment is not related to this workers comp claim.

Issues

1. Is Cynthia Gans, D.C. entitled to additional reimbursement?

Findings

1. Dr. Gans is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and the extent of the compensable injury.

Per explanation of benefits dated March 29, 2021, the insurance carrier paid the disputed amount in full. No additional reimbursement is recommended.

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 requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 11, 2021

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 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.texas.gov.