



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Trenton Weeks, D.C.

Respondent Name

Imperium Insurance Company

MFDR Tracking Number

M4-21-2314-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 16, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 22, 2020	Designated Doctor Examination (99456-W5-WP)	\$350.00	\$0.00
October 22, 2020	Designated Doctor Examination (99456-W6-RE)	\$500.00	\$0.00
Total		\$850.00	\$0.00

Requestor's Position

"Carrier EOB indicates recommended allowance of \$850.00 however, payment was not included with carrier sent EOB. We have no record of payment for the outstanding balance for this billed examination."

Amount in Dispute: \$850.00

Respondent's Position

The Austin carrier representative for Imperium Insurance Company is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on August 24, 2021.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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

The insurance carrier allowed the payment for the disputed services with the following claim adjustment code:

- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Is Trenton Weeks, D.C. entitled to additional reimbursement?

Findings

1. Dr. Weeks is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating. Per explanation of benefits dated December 29, 2020, the insurance carrier paid the billed 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

November 12, 2021

Date

Signature

Medical Fee Dispute Resolution Officer

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.