TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Michael Leonard, M.D.

Respondent Name
Old Republic Insurance Co.

MFDR Tracking Number
M4-21-2336-01

Carrier's Austin Representative
Box Number 44

DWC Date Received
August 17, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 13, 2021	Designated Doctor Examination 99456-W5-WP	$150.00	$0.00
April 13, 2021	Designated Doctor Examination 99456-W5-MI	$0.00	$0.00
April 13, 2021	Designated Doctor Examination 99456-SP	$0.00	$0.00
	Total	$150.00	$0.00

Requestor's Position

DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION ... THE CLAIM WAWS AMENDED AND THE AMENDED BILL IS ATTACHED WITH THE CORRECT FEE.

Amount in Dispute: $150.00

Respondent's Position

The bill related to the above captioned MDR was received on 8-23-21 and the bill was paid on 7-15-21 in the amount of $150.00.

Response Submitted by: ESIS

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 reduced the payment for the disputed services with the following claim adjustment codes:

- P12 – Workers compensation jurisdictional fee schedule adjustment.
- Previous gross recommended payment amount on line: $800.00; Previous recommended payment amount on line: $800.00. Additional recommended allowance of $150.00 is being made based upon additional supporting documentation received.
- CIQ377 – Additional recommendation is baised upon additional supporting documentation received.
- ETBR – A technical Bill Review (TBR) has been performed.

Issues

1. Is Michael Leonard, M.D. entitled to additional reimbursement?

Findings

1. Dr. Leonard is seeking additional reimbursement of $150.00 for a designated doctor examination. Per explanation of benefits dated July 8, 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

		January 31, 2022
Signature	Medical Fee Dispute Resolution Officer	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 electronico CompConnection@tdi.texas.gov.