

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Blessing Anyatonwu, D.C.

**Respondent Name**

Sompo America Insurance Co.

**MFDR Tracking Number**

M4-22-0302-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

October 15, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 14, 2021	Designated Doctor Examination 99456-W5-WP	\$150.00	\$0.00

### Requestor's Position

I received a partial payment for a DD exam that I performed ... on 6/10/2021. A payment for \$800 was received on 7/14/2021. A reconsideration letter was mailed out on 7/15/2021 and received on 7/19/2021.

We have not heard back from Gallagher Basset about the reconsideration of payment in the amount of \$150.00.

MMI - \$350.00, IR-(ankle/foot) - \$300 IR-(cervical spine) -\$150, IR-lumbar spine - \$150 for a total of \$950.00.

**Amount in Dispute:** \$150.00

### Respondent's Position

The Austin carrier representative for Sompo America Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 19, 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.
2. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

### Denial Reasons

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

- 00663 – Reimbursement has been calculated according to state fee schedule guidelines
- 5853-1 – The amount paid reflects a fee schedule reduction.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

### Issues

1. Is Blessing Anyatanwu, D.C. entitled to additional reimbursement?

### Findings

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

Dr. Anyatanwu indicates that three body areas were rated: the left ankle/foot, the cervical spine, and the lumbar spine.

According to 28 TAC §134.250 (4)(C)(i) places the spine into one body area. For this reason, the cervical spine and lumbar spine cannot be reimbursed as two body areas. 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	February 10, 2022 Date
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## **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 3 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 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).