

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Michael Lopez

**Respondent Name**

Sagamore Insurance Co

**MFDR Tracking Number**

M4-22-0425-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

November 1, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 5, 2021	993361	\$113.00	\$0.00

### Requestor's Position

The requestor did not submit a position statement but did submit a copy of their reconsideration that states, "These bills were previously submitted in a timely manner. Please review the attached documentation and payer per the TDI guidelines,

**Amount in Dispute:** \$113.00

### Respondent's Position

The Austin carrier representative for Sagamore Insurance Co is Downs Stanford. The representative was notified of this medical fee dispute on November 9, 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 §134.220 sets out the requirements of case management.

### Denial Reasons

The insurance carrier [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- 214 – This procedure is not paid separately
- W1 – Case Management Services
- W3 – Appel/Reconsideration

### Issues

1. Is the insurance carriers' denial supported?

### Findings

1. The requestor is seeking reimbursement of a team conference provided in February 2021. The insurance carrier denied the service as not separately payable.

DWC Rule 134.220 (2) states, "Team conferences and telephone calls should be triggered by a documented change in the condition of the injured employee and performed for the purpose of coordination of medical treatment and/or return to work for the injured employee."

Review of the submitted documentation does not document any change of condition. The requirements of Rule 134.220 are not met. No payment 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 under have been discussed, it was considered.

DWC finds the requestor 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 3, 2022

\_\_\_\_\_  
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](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).