

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Julio Regalado, D.C.

Respondent Name

General Motors, LLC

MFDR Tracking Number

M4-23-0053-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

September 6, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 20, 2022	Designated Doctor Examination 99456-W5-WP	\$800.00	\$0.00

Requestor's Position

We have submitted multiple collection requests and have not received partial or full payment. Per our records, the bill was submitted to the insurance carrier on: 02/09/2022

Amount in Dispute: \$800.00

Respondent's Position

This dispute concerns services provided by Julio C Regalado on January 20, 2022. After additional review, General Motors, LLC is reprocessed the medical bill and issued payment in the amount of \$800.00 to Dr. Regalado.

Response Submitted by: Burns Anderson Jury & Brenner, L.L.P.

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 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

The explanation of benefits submitted provides no claim adjustment codes.

Issues

1. Is Julio Regalado, D.C. entitled to additional reimbursement?

Findings

1. Dr. Regalado is seeking additional reimbursement for a designated doctor examination performed on January 20, 2022. Per explanation of benefits dated July 25, 2022, the insurance carrier paid the requested amount in full via electronic funds transfer. No additional reimbursement can be 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

March 9, 2023

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.