



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jason Eaves, D.C.

Respondent Name

Sagamore Insurance Co.

MFDR Tracking Number

M4-23-1689-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

March 15, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 13, 2022	Designated Doctor Examination 99456-W5-NM	\$350.00	\$0.00

Requestor's Position

A designated doctor examination was performed on 4/13/2022 to address maximum medical improvement and impairment rating ... The bill, designated doctor report and the DWC069 were faxed on 5/9/2022 to (317) 452-7353 which is the adjuster's fax number as listed on the DWC032. No EOB was received.

Amount in Dispute: \$350.00

Respondent's Position

Per the carrier, no package was received via fax on 5/9/2022 that included a billing form, DD report or DWC69. The carrier did receive a 14-page fax on 5/11/2022 that included the DD narrative and the DWC69, but no CMS1500 billing form.

Response Submitted by: CorVel

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 §133.20 sets out the procedures for submission of medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the reduction or denial of payment for the disputed services.

Issues

1. Is Jason Eaves, D.C. entitled to additional reimbursement?

Findings

1. Dr. Eaves is seeking reimbursement for a designated doctor examination performed on April 13, 2022. Sagamore Insurance Co. stated that it did not receive a bill for the examination in question.

With few exceptions, 28 TAC §133.20 (a) and (b) requires submission of medical bills to the insurance carrier not later than 95 days from the date of service.

The division finds that the submitted documentation was insufficient to support that a medical bill for the service in question was submitted to the insurance carrier. No 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 entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 14, 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.