



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John Davis, D.C.

Respondent Name

Sagamore Insurance Co.

MFDR Tracking Number

M4-23-1977-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

April 10, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 11, 2022	Designated Doctor Examination 99456-W5-WP	\$650.00	\$0.00

Requestor's Position

AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED. THE CURRENT RULES ALLOW REIMBURSEMENT.

Amount in Dispute: \$650.00

Respondent's Position

Please see the attached EOR showing payment recommendation along with the check mailed. Note the timely and accurate reimbursement of DOS 8/11/22 ... Additionally, a copy of the front and back of the check submitted to the provider and showing deposit for this DOS is attached.

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 §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

Submitted explanations of benefits include the following claim adjustment codes:

- W5 – DD exam with IR or MMI
- WP – Whole Procedure
- ORC – See Additional Information
- 18 – Duplicate Claim/Service
- R1 – Duplicate Billing

Issues

1. Is John Davis, D.C. entitled to additional reimbursement?

Findings

1. Dr. Davis is seeking additional reimbursement for a designated doctor examination performed on August 11, 2022. Per explanation of benefits dated August 29, 2022, the insurance carrier reimbursed the billed amount for the examination in question in full via check number 1000059270. Evidence submitted supports that this payment was received by Dr. Davis. 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 entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 19, 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.