



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Michael Leonard, M.D.

Respondent Name

Standard Fire Insurance Co.

MFDR Tracking Number

M4-23-2498-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

May 27, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 12, 2022	Designated Doctor Examination 99456-W5-WP	\$650.00	\$0.00

Requestor's Position

Initial statement: "DESIGNATED DOCTOR EXAMINATION NO PAYMENT RECEIVED"

Supplemental statement: "The check was not cleared according to Sedgwick bill review.

"Their timeline is the check was issued on 11-18-22 but it was voided and reissued on 6-20-23 and that check has not cleared. We still do not have record of the check and a message was left with the adjuster."

Amount in Dispute: \$650.00

Respondent's Position

Initial response: "We are attaching a copy of the provider's CMS 1500 and the carrier's EOR which is dated November 17, 2022. That EOR recommended payment of \$650. Thus, there appears to be no dispute of the fee amount.

"The carrier is investigating this issue to see if the provider received payment. If the provider

receives payment, we will supplement this response with proof of payment. If the provider did not receive payment, then we will place a stop pay on the check and reissue it in the amount of \$650.00.”

Supplemental response: “As noted in the carrier’s initial response, the carrier processed the provider’s medical bill on November 17, 2022. On that date, it issued an EOR that recommended payment of \$650.

“We are now attaching a copy of the proof of payment of that \$650. On November 29, 2022, a check was issued to Dr. Michael M. Leonard in the amount of \$650. The check was cashed.”

Response Submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers’ Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

An explanation of benefits was submitted indicating a recommended allowance of \$650.00.

Issues

1. Is Michael Leonard, M.D. entitled to additional reimbursement?

Findings

1. Dr. Leonard is seeking reimbursement of \$650.00 for a designated doctor examination performed on October 12, 2022. The greater weight of evidence submitted to DWC supports that the insurance carrier reimbursed the amount in question. 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 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 entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 25, 2024

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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.