



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Candice L. Addison, M.D.

**Respondent Name**

Safety National Casualty Corp.

**MFDR Tracking Number**

M4-24-1012-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

January 11, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 13, 2022	Designated Doctor Examination 99456-W5-WP	\$1,900.00	\$0.00

### Requestor's Position

"This treatment was required secondary to an on the job injury ... It is apparent that you have disbursed an amount that is less than expected with reference to normal and fair protocols set forth by the TDI (Texas Department of Insurance) ... After reviewing the provider's documentation that is appended to this letter, it is apparent that the provider performed services commensurate with the above description."

**Amount in Dispute:** \$1,900.00

### Respondent's Position

"The Requestor has the burden of proof to support additional payment but has failed to do so ...

"Additionally, Pursuant to Division rule §133.307(c) and (c)(1)(A) a request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute. A request shall tiely file the request with the Division MFDR Section or waive the right to MFDR. Corvel asserts the requestor is entitled to

\$0.00 reimbursement for outpatient services in dispute based on the requestor's failure to request medical fee dispute resolution no later than one year after the DOS in dispute.

<b>Dates of Service In Dispute</b>	<b>MFDR Deadline</b>	<b>TDI-DWC Received Date</b>
06/13/2022	06/13/2023	01/11/2024

"Given no violation of the Texas Workers' Compensation Act or division rules, CorVel respectfully requests the division render a finding and dismissal based on 1) no documentation to support their position that payment was incorrect; and 2) failure to submit a request for Medical Fee Dispute timely."

**Response Submitted by:** CorVel

## **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

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- ORC – See Additional Information
- Notes: "REGARDLESS OF SERVICES BEING REQUESTED BY TDI, SERVICES ARE NOT PAID IN FULL. PLEASE REFER TO TDI-DWC RULES REGARDING REIMBURSEMENT FOR A DESIGNATED DOCTOR EXAM. 3 UNITS AT ROM (600), PLUS MMI (350) – THE MAX HAS BEEN PAID."
- Notes: "@ MMI / IR ROM 1 AREA, 1 AREA DRE & 1 NON-MUSCULOSKELETAL AREA"
- P12 – Workers' Compensation State Fee Schedule Adj
- ZZ – Timely Filing rule reviewed and suppressed

### Issues

1. Did Candice L. Addison, M.D. forfeit the right to medical fee dispute resolution for the date of service in question?

### Findings

1. Dr. Addison is seeking additional reimbursement for a designated doctor examination performed on June 13, 2022.

Per 28 TAC §133.307 (c)(1), the health care provider must request medical fee dispute resolution within one year from the date of service, except if a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed. If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days after the date the requestor receives the final decision.

The DWC received the medical fee dispute resolution request on January 11, 2024. This is more than one year after date of service June 13, 2022. DWC found no evidence to support that final adjudication of an exception applied to this date of service.

DWC finds that Dr. Addison has waived the right to medical fee dispute resolution for this date of service.

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

March 28, 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](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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).