



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

RAM DURABLE MEDICAL EQUIPMENT

Respondent Name

XL Specialty Insurance Company

MFDR Tracking Number

M4-26-1423-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

January 20, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
August 26, 2025	E0666, A9901 and E1399	\$2,742.94	\$0.00
Total		\$2,742.94	\$0.00

Requester's Position

"Denial received doesn't apply. A representative of Corvel issued approval for \$2742.94 to pay. Corvel must honor this approval issued by their own representative, whether or not they're a UR agent, as this is a written contract. Please escalate this to management for resolution, penalties and interest now apply."

Amount In Dispute: \$\$2,742.94

Respondent's Position

The billing HCP provided DME to the Injured Worker (IW) with a billed amount exceeding \$500. Preauthorization is required for all DME dispensed that exceeds \$500 either in purchase or cumulative rental as listed above. Upon receipt of the HCP's billing, it was determined that neither the HCP (RAM DME) nor the prescribing provider/surgeon (Virosh Dharmadasa DPM) obtained preauthorization for the DME as required under rule 134.600 (listed above)."

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [133.305](#) sets out the procedures for resolving medical disputes.
3. 28 TAC Section [134.600](#) sets out the procedures for preauthorization, concurrent utilization review and voluntary certification of health care.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. 18 – Duplicate claim/service
2. R1 – Duplicate Billing
3. NU – New Equipment
4. RR – Rented equipment
5. 107 – Denied qualifying svc not paid or identified
6. 234 – This procedure is not paid separately
7. R38 – Included in another billed procedure
8. W3 – Appeal/Reconsideration
9. 197 – Payment adjusted for absence of precert/preauth

Issues

1. What is DWC considering in this medical fee dispute?
2. What rules apply to the services in dispute?
3. Is the requestor entitled to reimbursement?

Findings

1. Review of submitted documentation finds RAM DURABLE MEDICAL EQUIPMENT LLC is seeking reimbursement in the amount of \$2,742.94 for date of service August 26, 2025. Requester billed E0666, A9901 and E1399; insurance carrier denied service with 197 – payment adjusted for absence of precert/preauth. Insurance carrier made \$0.00 reimbursement.
2. 28 TAC Section 134.600(p)(9) states: (p) Non-emergency health care requiring

preauthorization includes:

(9) all durable medical equipment (DME) in excess of \$500 billed charges per item (either purchase or expected cumulative rental).

Review of the submitted documentation finds the requester billed for durable medical equipment.

The description for the following service billed codes are E0666 – non segmental pneumatic appliance for use with pneumatic compressor half leg, A9901 – DME delivery, set up and/or dispensing service component and E1399 – Durable medical equipment, miscellaneous.

Therefore, the services billed required preauthorization. Requester did not submit any documentation supporting preauthorization was authorized for the disputed services.

3. No reimbursement is recommended to the requestor.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.


DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature


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Medical Fee Dispute Resolution Officer

February 27, 2026

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.