



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Melburn Huebner, M.D.

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-24-0445-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 23, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 31, 2023	99456-WP-NM	\$350.00	\$350.00

Requestor's Position

"...she [the adjuster] stated that the bill and W9 was in their system however the W9 did not match the HCFA 1500. She stated that Dr. Huebner's name needed to be on W9, however the billing is through the TIN belonging to Disability Evaluation Clinic of Amarillo and Dr. Huebner was provider of the service... She then stated that Melburn Huebner was in block 33 and needed to be on the W9 form per 'higher ups'... She stated that the W9 needed his name but I stated that under the IRS we bill under Disability Evaluation Clinic of Amarillo."

Amount in Dispute: \$350.00

Respondent's Position

The Austin carrier representative for Zurich American Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 31, 2023. Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Response submitted by: N/A

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.10](#) sets out the procedures for required medical billing forms and formats.
3. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement (MMI) and impairment rating (IR).

Denial Reasons

- 226 – Information requested from the billing/rendering provider was not provided or not provided timely or was insufficient/incomplete.
- C49 – We are unable to match your TIN and/or billing provider name with the IRS. See below for additional information to resubmit your bill.
- P12 – Worker's Compensation Jurisdictional Fee Schedule adjustment.
- N836 – Provider W9 or payee registration not on file.
- N256 – Missing/Incomplete/Invalid billing provider/supplier name.
- N279 – Missing/Incomplete/Invalid pay-to provider name.
- EOB comment: "In order for your bill to be processed we will need an updated W-9 form... or a corrected bill with the billing provider name that is registered to the IRS. If the name on the bill is a DBA, please list the DBA name on the second line of the W-9 form. The W-9 form must be signed and dated, the attached letter, updated W-9 form, and the bill should be resubmitted to the following address..."

Issues

1. What rules apply to this disputed designated doctor examination service?
2. Is the requestor entitled to reimbursement for the disputed designated doctor examination rendered on May 31, 2023?

Findings

1. The requestor is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, rendered on May 31, 2023.

28 TAC §134.250(3)(C) which applies to the reimbursement of MMI examinations by a designated doctor, states that an examining doctor, other than the treating doctor, shall bill using CPT code 99456 and reimbursement shall be \$350.00.

DWC finds that 28 TAC §133.10(f)(1), which sets out the requirements for a complete professional medical bill, applies to the denial reasons of this particular disputed designated doctor examination. Pertinent to this dispute, 28 TAC §133.10(f)(1) requires that the billing provider's federal tax ID number appear in field 25 of the CMS-1500 billing form and that the billing provider name, address, telephone number and any applicable license and/or NPI numbers appear in field 33 of the CMS-1500 billing form.

2. The requestor is seeking reimbursement in the amount of \$350.00 for a designated doctor examination billed as CPT code 99456-WP-NM, rendered on May 31, 2023.

The Request for Designated Doctor Examination, form DWC032, indicates that the designated doctor was asked to address maximum medical improvement (MMI) and impairment rating (IR).

A review of the submitted documentation finds that the requestor documented an examination by a designated doctor, other than the treating doctor, which provided MMI certification.

Because the designated doctor deemed that the injury had not yet met MMI, no impairment rating was provided or billed.

A review of the submitted medical bill and information available to DWC finds that the federal tax identification number, provided in field 25 of the CMS-1500 medical billing form in dispute, is associated with the same address and telephone number, as well as the billing entity's president name, that is provided in field 33 of the CMS-1500 medical bill. DWC finds that the medical bill was completed in accordance with 28 TAC §133.10(f)(1) and that the insurance carrier possesses all information required for reimbursement.

DWC finds that the requestor is entitled to reimbursement in the amount of \$350.00 for the disputed date of service, May 31, 2023.

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 established that reimbursement is due in the amount of \$350.00.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services.

It is ordered that the Respondent, Zurich American Insurance Co., must remit to the Requestor, Melburn Huebner, M.D., \$350.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	February 8, 2024
Signature	Medical Fee Dispute Resolution Officer	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.