

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Neal Talbot, M.D.

**Respondent Name**

Old Republic Insurance Co.

**MFDR Tracking Number**

M4-24-0786-01

**Carrier's Austin Representative**

Box Number 44

**DWC Date Received**

December 7, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 11, 2023	Designated Doctor Examination 99456-W5-WP	\$150.00	\$150.00
	Designated Doctor Examination 99456-W8-RE	\$0.00	\$0.00
	Work Status Form 99080-73	\$15.00	\$0.00
<b>Total</b>		\$165.00	\$150.00

### Requestor's Position

"The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134. The carrier has not responded or has denied this claim in its entirety following our filing of Request for Reconsideration."

**Amount in Dispute:** \$165.00

### Respondent's Position

The Austin carrier representative for Old Republic Insurance Co. is White Espey, PLLC. The representative was notified of this medical fee dispute on December 12, 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.

## **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.
2. [28 TAC §134.235](#) sets out the fee guidelines for examinations to determine the ability to return to work.
3. [28 TAC §134.239](#) sets out the guidelines for billing of a work status form submitted by a designated doctor.
4. [28 TAC §134.240](#) sets out the fee guidelines for designated doctors.
5. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

### Denial Reasons

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

- TXP12 – Workers' compensation jurisdictional fee schedule adjustment.
- B20 – Payment adjusted because procedure/service was partially or fully furnished by another provider.
- TX97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 97 – Recommended allowance based on fee schedule guidelines for two/co surgeons.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 906 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive medicine, evaluation, and management services procedure (90000-99999) has been disallowed.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no

additional allowance appears to be warranted.

- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed.

### Issues

1. What are the services considered in this dispute?
2. Is the insurance carrier's denial based on performance by another provider supported?
3. Is Neal Talbot, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Talbot is seeking additional reimbursement for a designated doctor examination to address maximum medical improvement, impairment rating, and the ability to return to work. He is also seeking reimbursement for submission of a work status form.

He is seeking \$0.00 for the evaluation of ability to return to work, as this was paid in full by the insurance carrier. Therefore, this service will not be considered in this dispute.

He is seeking additional payment for the evaluation of maximum medical improvement and the submission of the work status report. These services will be considered in this dispute.

2. The insurance carrier denied payment, in part, stating that the services was "partially or fully furnished by another provider." No evidence was provided to support that another provider performed this examination ordered by the DWC on June 20, 2023. The DWC finds that this denial reason is not supported.
3. The submitted documentation supports the claim that Dr. Talbott performed an evaluation of maximum medical improvement (MMI) as ordered by the DWC. 28 TAC §134.250(3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Review of the submitted documentation finds that Dr. Talbott performed an impairment rating evaluation of the respiratory system due to chemical exposure. 28 TAC §134.250(4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each.

Per 28 TAC §134.235 states that reimbursement for designated doctor examinations to determine the ability to return to work "shall include division-required reports." 28 TAC §134.239 states, "When billing for a work status report that is not conducted as a part of the examinations outlined in §134.240 and §134.250 of this title, refer to §129.5 of this title."

Because this report was filed as part of a designated doctor examination outlined in 28 TAC §134.240, it is not subject to the billing and reimbursement guidelines found in 28 TAC

§129.5. The DWC finds that submission of the DWC073 is not separately payable when provided with a designated doctor or required medical examination.

The total allowable reimbursement for the services in question is \$150.00. This amount 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 established that additional reimbursement of \$150.00 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Old Republic Insurance Co. must remit to Neal Talbot, M.D. \$150.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 16, 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).