



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Donald Mondragon, M.D.

Respondent Name

Liberty Insurance Corp.

MFDR Tracking Number

M4-24-2476-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

July 11, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 13, 2023	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00

Requestor's Position

"The initial EOB states the bill was denied: "Pre-authorization was requested but denied for this service per DWC Rule 134.600". This was denied in error because it is a Designated Doctor Exam and does not require pre-authorization ... The Designated Doctor Examination was ordered by the Division of Workers Compensation. Designated Doctor Examinations ... are not subject to pre-authorization or contractual reductions and additionally cannot be denied due to adjudication for compensability issues or extent of injury issues."

Amount in Dispute: \$500.00

Respondent's Position

The Austin carrier representative for Liberty Insurance Corp. is Downs Stanford, PC. The representative was notified of this medical fee dispute on July 16, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then 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, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine the extent of the compensable injury.
3. [Labor Code §408.0041](#) sets out the requirements for designated doctor examinations.

Denial Reasons

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

- 5882 – Pre-authorization was requested but denied for this service per DWC Rule 134.600.

Issues

1. Is Liberty Insurance Corp.'s denial based on preauthorization supported?
2. Is Donald Mondragon, M.D. entitled to reimbursement for the service in question?

Findings

1. Dr. Mondragon is seeking reimbursement for a designated doctor examination to determine the extent of a compensable injury. The insurance carrier denied payment based on a denied request for preauthorization.

In reviewing the submitted documentation, DWC found no request for preauthorization for the service in question.

Labor Code §408.0041(h) states, "The insurance carrier shall pay for: (1) an examination required under Subsection (a), (f), or (f-2), unless otherwise prohibited by this subtitle or by an order or rule of the commissioner."

Because the examination in question was ordered by DWC, preauthorization was not required. No evidence was submitted to support that this examination was prohibited. Therefore, DWC finds that the insurance carrier's denial of payment is not supported.

- 2. Because the insurance carrier failed to support its denial of payment, Dr. Mondragon is entitled to reimbursement.

The submitted documentation indicates that Dr. Mondragon performed an examination to determine the extent of a compensable injury. According to 28 TAC §134.235, effective July 7, 2016, 41 TexReg 4839, the MAR for this examination is \$500.00. 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 reimbursement of \$500.00 is due.

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 Liberty Insurance Corp. must remit to Donald Mondragon, M.D. \$500.00 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

October 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. 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.