



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John P. Hodges, D.C.

Respondent Name

Starr Indemnity & Liability Co.

MFDR Tracking Number

M4-24-2780-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 17, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 25, 2024	Designated Doctor Examination 99456-NM	\$449.00	\$449.00
	Designated Doctor Examination 99456-W7	\$642.00	\$642.00
	Designated Doctor Examination 99456-W8	\$642.00	\$642.00
Total		\$1,733.00	\$1,733.00

Requestor's Position

"Starr Indemnity & Liability Company/Gallagher Bassett Services ... failed to pay the \$1,733.00 billed Designated Doctor Evaluation within the allotted 45 days ... I cannot provide a copy of any EOB, as I have not received any from the carrier."

Amount in Dispute: \$1,733.00

Respondent's Position

The Austin carrier representative for Starr Indemnity & Liability Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on August 27, 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 \(TAC\) §133.240](#) sets out the procedures for payment or denial of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.240, effective June 1, 2024, 49 TexReg 1489](#), sets out the fee guidelines for designated doctor examinations.

Denial Reasons

Neither party submitted explanations of benefits for the services in question.

Issues

1. Did Starr Indemnity & Liability Co. take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is John P. Hodges, D.C. entitled to reimbursement for the services in question?

Findings

1. Dr. Hodges is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, if disability was related to the compensable injury, and ability to return to work. He argued that he did not receive payment or an explanation of denial for medical bills submitted for the examination in question.

Per 28 TAC §133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. Because the insurance carrier failed to provide any defense for non-payment of the designated doctor examination in question, DWC finds that Dr. Hodges is entitled to reimbursement.

Per 28 TAC §134.240(d), "When conducting a designated doctor examination, the designated doctor must bill, and the insurance carrier must reimburse, using CPT code 99456 and with the modifiers and rates specified in subsections (d)(1) - (7)."

28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)." No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question.

The submitted documentation supports that the doctor certified that the injured employee was not at MMI. Therefore, the total allowable reimbursement for this examination is \$449.00.

28 TAC §134.240(d)(6) states, in relevant part, "The reimbursement rate for determining whether the injured employee's disability is a direct result of the work-related injury is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W7.'"

The submitted documentation supports that the doctor made a determination regarding the injured employee's disability. Therefore, the total allowable reimbursement for this examination is \$642.00.

28 TAC §134.240(d)(7) states, in relevant part, "The reimbursement rate for determining the ability of the injured employee to return to work is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W8.'"

The submitted documentation supports that the doctor made a determination regarding the injured employee's ability to return to work. Therefore, the total allowable reimbursement for this examination is \$642.00.

The total allowable reimbursement for the examination in question is \$1,733.00. 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 \$1,733.00 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 Starr Indemnity & Liability Co. must remit to John P. Hodges, D.C. \$1,733.00 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 29, 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.