



# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requestor Name**

Patricia Cates, D.C.

**Respondent Name**

XL Insurance America, Inc.

**MFDR Tracking Number**

M4-25-0218-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

September 25, 2024

## Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 15, 2023	Designated Doctor Examination	\$950.00	\$0.00

## Requestor's Position

"We have met the burden of proof that the Carrier has received the claim with a copy of the facsimile transmission report to the Carrier. Enclosed is a facsimile transmittal that shows the Carrier received the bill in a timely manner.

***"We seek full reimbursement for the outstanding balance of \$300.00 along with interest accrued according to Rule 134.803 Calculating Interest for Late Payments on Medical Bills."***

"We have met the burden of proof of our fair and reasonable rate with the aforementioned documentation."

**Amount in Dispute:** \$950.00

## Respondent's Position

The Austin carrier representative for XL Insurance America, Inc. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 1, 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 §134.250, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine maximum medical improvement with dates of service prior to June 1, 2024.

### Denial Reasons

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

- TX29 – The time limit for filing has expired.
- 4271 (10257) – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 2008 – Additional payment made on appeal/reconsideration.
- 298 – The recommended allowance is based on the value for the professional component of the service performed.
- 3384 – Reduction based on the modifier(s) billed
- 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.
- 89 – The endoscopy base code is listed for reference only.
- TX89 – Professional fees removed from charges.
- TXP12 – Workers' compensation jurisdictional fee schedule adjustment.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 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.

### Issues

1. Is Patricia Cates, D.C. entitled to additional reimbursement for the examination in question?

### Findings

1. Dr. Cates is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

The submitted documentation supports that Dr. Cates performed an evaluation of maximum medical improvement (MMI). 28 TAC §134.250(3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

28 TAC §134.250(2)(B) states, "If the examining doctor determines MMI has been reached and there is no permanent impairment because the injury was sufficiently minor, an IR evaluation is not warranted and only the MMI evaluation portion of the examination shall be billed and reimbursed in accordance with paragraph (3) of this section."

Per the doctor's certification as noted on the Report of Medical Evaluation (DWC069), "the employee does not have any permanent impairment as a result of the compensable injury." Therefore, DWC cannot recommend reimbursement for determination of an impairment rating.

The total allowable reimbursement for the services in question is \$350.00. Per explanation of benefits dated July 16, 2024, the insurance carrier paid this amount in full. No further reimbursement can be 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 not established that additional reimbursement is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

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Signature

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Medical Fee Dispute Resolution Officer

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January 30, 2025

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).