



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Michael Knott, D.C.

Respondent Name

American Zurich Insurance Co.

MFDR Tracking Number

M4-25-0241-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 26, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 1, 2024	Designated Doctor Examination 99456-W5	\$834.00	\$834.00

Requestor's Position

"The first submission was on 7/16/2023 and the first denial came 30 days later pointing out that I had the wrong date of service listed. This was quickly remedied and resubmitted on 8/16/2024. I asked for a status update on 8/16/2024. On 9/26/2024, 40 days later, I received 2 denial letter stating that I did not attach the proper documentation, which is false."

Amount in Dispute: \$834.00

Respondent's Position

The Austin carrier representative for American Zurich Insurance Co. 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 §134.240, effective June 1, 2024, 49 TexReg 1489](#) sets out the fee guidelines for designated doctor examinations performed after June 1, 2024.

Denial Reasons

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

- TX252 – An attachment/other documentation is required to adjudicate this claim/service.
- 5208 – Submitted charge(s) denied due to lack of documentation. Please resubmit with proper documentation for reconsideration.

Issues

1. Is American Zurich Insurance Co.'s denial of payment based on lack of documentation supported?
2. Is Michael Knott, D.C. entitled to reimbursement for the examination in question?

Findings

1. Dr. Knott is seeking reimbursement for a designated doctor examination performed on July 1, 2024. The insurance carrier denied payment for the examination based on lack of documentation.

DWC finds that the greater weight of evidence supports that the health care provider submitted required documents for the bill in question. The insurance carrier's denial of payment is not supported.

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

The submitted documentation indicates that Dr. Knott performed and billed for an examination to determine maximum medical improvement. 28 TAC §134.240(d)(3) states, in

relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W5.'" This amount is recommended.

The submitted documentation also indicates that Dr. Knott provided and billed for an impairment rating for one musculoskeletal body area. 28 TAC §134.240(d)(4) states, in relevant part, "For IR examinations, the designated doctor must bill, and the insurance carrier must reimburse, the components of the IR evaluation. The designated doctor must apply the additional modifier 'W5.' Indicate the number of body areas rated in the units column of the billing form." Subsection (A)(ii)(I) states, "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4) ..." This amount is recommended.

The total allowable reimbursement for the services in question is \$834.00. 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 \$834.00 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 American Zurich Insurance Co. must remit to Michael Knott, D.C. \$834.00 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

January 23, 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. 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.