



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Andrew Ray Garcia, Jr., D.C.

Respondent Name

Granite State Insurance Co.

MFDR Tracking Number

M4-25-0583-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 11, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 4, 2024	Designated Doctor Examination 99456-W5	\$385.00	\$385.00

Requestor's Position

The submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$385.00

Respondent's Position

The Austin carrier representative for Granite State Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on November 13, 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. [TLC §408.0041](#) sets out the requirements for designated doctor examinations.
2. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

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

- 95 – Plan procedures not followed.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- XXG15 – Pricing is calculated based on the medical professional fee schedule value.
- XXU00 – there was no UR procedure/treatment request received.
- 00663-1 – Reimbursement has been calculated based on the state guidelines

Issues

1. Is Granite State Insurance Co.'s denial based on utilization review supported?
2. Is Andrew Ray Garcia, Jr., D.C. entitled to additional reimbursement?

Findings

1. Dr. Garcia is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating. The insurance carrier reduced payment, in part stating, "there was no UR procedure/treatment request received."

TLC §408.0041(h) states, in relevant part, "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."

Submitted documentation supports that the examination in question was ordered by DWC, therefore it is not subject to utilization review requirements. The insurance carrier's reduction based on this reason is not supported.

2. The documentation submitted indicates that Dr. Garcia determined that the injured employee had reached maximum medical improvement (MMI) and performed an impairment rating (IR)

for one musculoskeletal body area.

28 TAC §134.240(d)(2)(C) states, "If the designated doctor determines MMI has been reached and an IR evaluation is performed, both the MMI evaluation and the IR evaluation portions of the examination must be billed and reimbursed in accordance with subsection (d) of this section."

Per 28 TAC §134.240(d)(3), "MMI evaluations will be reimbursed at \$449 ..."

Per 28 TAC §134.240(d)(4)(ii)(I), "the reimbursement for the first musculoskeletal body area is \$385 ..."

The total allowable reimbursement for the services in question is \$834.00. Per explanation of benefits dated June 26, 2024, the insurance carrier paid \$449.00. An additional reimbursement of \$385.00 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 \$385.00 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 Granite State Insurance Co. must remit to Andrew Ray Garcia, Jr., D.C. \$385.00 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 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. 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.