



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Marcus Hayes, D.C.

Respondent Name

Hartford Underwriters Insurance Co.

MFDR Tracking Number

M4-25-0645-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

November 15, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 12, 2024	Treating Doctor Review of Certification of MMI/IR – 99455-VR	\$64.00	\$64.00

Requestor's Position

“Regarding the denial, this claim is an accepted work-related injury. Additionally, TAC Rule 134.250 (e) states: The treating doctor is required to review the certification of MMI and assignment of IR performed by another doctor, as stated in the Labor Code and Chapter 130 of this title. The treating doctor must bill using CPT code 99455 with modifier ‘VR’ to indicate a review of the report only, and the insurance carrier must reimburse \$64.00 adjusted per §134.210(b)(4).”

Amount in Dispute: \$64.00

Respondent's Position

“After further review of the documentation submitted with this dispute, there is no additional amount warranted.

“The original bill for dos 9/12/24 was received on 10/14/24 ... and was denied as unrelated on 10/14/24.

"The bill was denied as unrelated per PLN11 on file as provider is treating a non-compensable diagnosis ..."

Response Submitted by: The Hartford

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 \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating by treating doctors.

Denial Reasons

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

- P2 – Not a work related injury/illness and thus not the liability of the workers' compensation carrier
- 133 – The disposition of this claim/service is pending further review.
- 269 – This billing is for a service unrelated to the work illness or injury.
- PPRJ – Paid without prejudice.
- 18 – Exact duplicate claim/service.
- 247 – A payment or denial has already been recommended for this service.

Issues

1. Is this dispute subject to dismissal based on relatedness?
2. Is Marcus Hayes, D.C. entitled to reimbursement for the service in question?

Findings

1. Dr. Hayes is seeking reimbursement for reviewing a certification of maximum medical improvement and impairment rating by Dr. Raymond Glass. The insurance carrier denied payment stating that the service was "not a work related injury/illness and thus not the liability of the workers' compensation carrier." 28 TAC §§133.305(b) and 133.307(c)(1)(B)(i) state that a dispute related to compensability or liability must be resolved prior to a request for medical fee dispute.

Per 28 TAC §133.307(d)(2)(H), the respondent is required to attach a copy of any related Plain Language Notice (PLN) if the medical fee dispute involves compensability or liability.

Review of the submitted documentation finds that The Hartford failed to attach a copy of a related PLN to support a denial based on relatedness to the compensable injury.

This dispute is not subject to dismissal as the denial reason was not supported.

- 2. Because the insurance carrier failed to support its denial of payment for the service in question, Dr. Hayes is entitled to reimbursement.

28 TAC §134.250(e) states, "The treating doctor is required to review the certification of MMI and assignment of IR performed by another doctor, as stated in the Labor Code and Chapter 130 of this title. The treating doctor must bill using CPT code 99455 with modifier "VR" to indicate a review of the report only, and the insurance carrier must reimburse \$64 adjusted per §134.210(b)(4)."

Dr. Hayes provided documentation to support that he performed a review of a certification of maximum medical improvement and impairment rating by Dr. Raymond Glass. Therefore, reimbursement of \$64.00 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 reimbursement of \$64.00 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 Hartford Underwriters Insurance Co. must remit to Marcus Hayes, D.C. \$64.00 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 31, 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 electronico CompConnection@tdi.texas.gov.