



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Joel Cone, D.C.

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-25-1145-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

January 23, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 5, 2024	Designated Doctor Examination 99456-W5-WP	\$650.00	\$0.00

### Requestor's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED; THE CURRENT RULES ALLOW REIMBURSEMENT."

**Amount in Dispute:** \$650.00

### Respondent's Position

"On 04/15/2024, Texas Mutual received the attached bill from the health care provider. The date of service on the HCFA bill is 04/05/2024 which matches the date of exam on the DWC-069 (attached), however, the documentation submitted with the bill and DWC-69 shows the exam date as 05/05/2024."

**Response Submitted by:** Texas Mutual Insurance Company

## 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 \(TAC\) §130.1](#) sets out the procedures for certification of maximum medical improvement and impairment rating.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

### Denial Reasons

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

- A26 – For further review of reimbursement, clarify rendering provider and date of exam between the exam report &/or DWC69.
- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- DC4 – No additional reimbursement allowed after reconsideration.
- Notes: "All documents should reflect the same date of service-hcfa/dwc-69/documentation."

### Issues

1. Is Joel Cone, D.C. entitled to reimbursement for the examination in question?

### Findings

1. Dr. Cone is seeking reimbursement for a designated doctor examination performed on April 5, 2024. The insurance carrier denied payment, in part, stating, "For further review of reimbursement, clarify rendering provider and date of exam between the exam report &/or DWC69," and "ALL DOCUMENTS SHOULD REFLECT THE SAME DATE OF SERVICE-HCFA/DWC-69/DOCUMENTATION."

28 TAC §130.1(d)(1) states, in relevant part, "Certification of MMI, determination of permanent impairment, and assignment of an impairment rating (if permanent impairment exists) for the current compensable injury requires completion, signing, and submission of the Report of Medical Evaluation and a narrative report ...

- (B) The Report of Medical Evaluation includes an attached narrative report. The narrative report must include the following:
- (i) date of the certifying examination."

The bills and Report of Medical Evaluation (DWC069) submitted with the request for medical fee dispute resolution indicate that the date of service was April 5, 2024. The attached narrative report indicates that the date of service was May 5, 2024.

Because the documentation does not support the billed date of service, DWC cannot recommend reimbursement for the examination in question.

### 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 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**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 28, 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).