TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requestor Name**
James Bales

**Respondent Name**
City of San Antonio

**MFDR Tracking Number**
M4-25-1157-01

**Carrier's Austin Representative**
Box Number 19

**DWC Date Received**
January 28, 2025

## Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| November 7, 2024 | W5<br>(99456 W5) | $1794.00 | $1602.00 |
| | **Total** | $1794.00 | $1602.00 |

## Requestor's Position

"Please see attached Medical fee dispute resolution. 11/17/2024-Paperwork successfully transmitted via fax..."

**Amount in Dispute:** $1794.00

## Respondent's Position

"The Austin carrier representative for City of San Antonio is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on February 4, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the 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 §133.210 sets out requirements for medical bill processing/audit by insurance carrier.
3. 28 TAC §133.200 sets out the medical bill processing related to insurance carrier receipt of medical bills.
4. 28 TAC §133.240 sets out the deadline for insurance carriers to take final action on medical bills.
5. 28 TAC §134.240 reimbursement guidelines for designated doctor examinations.
6. 28 TAC §134.210 sets out the medical fee guide for workers' compensation specific services

Denial Reasons

Neither party submitted an explanation of benefits related to the disputed service.

Issues

1. What services are in dispute?
2. Did the requestor support submission of documents to an entity of the insurance carrier?
3. Did the insurance carrier support taking final action on the medical bill within 45 days?
4. What rule is applicable to reimbursement?

Findings

1. The requestor is seeking payment for services rendered November 7, 2024. The submitted DWC060 lists "W5". The submitted medical bill indicates the billing of CPT code 99456 W5 for five units. The disputed charges are therefore reviewed during the MFDR process.

2. The requestor submitted a document titled "Fax Transmission" to Fayedra Daniel (adjustor) on November 17, 2024. The fax contained eight pages and was successful.

   DWC 28 TAC §133.210 (e) states, "It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other." Based on the above, the fax transmission of the medical bill was successfully submitted to the insurance carrier or its agent.

3. The respondent (City of San Antonio) did not submit documentation to support the claim was evaluated, returned as incomplete or denied. DWC Rule §133.200 (a)(2)(B)(b) states in pertinent parts, "On receipt of medical bills… an insurance carrier must evaluate each medical bill for completeness… Within 30 days it received a medical bill that is not complete the insurance carrier must return the bill to the sender. When returning a medical bill, the insurance carrier must include a document identifying the reasons for returning the bill."

   Review of the submitted information did not include a notification from the respondent to the requestor of the claim being incomplete or returned.

   Additionally, DWC Rule §133.240 (a) states, "An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended as a result of a pending request for additional documentation."

   The submitted documentation did not support that the respondent either paid or denied the disputed service. Therefore, based on the information available to the Division, the disputed service will be reviewed per applicable DWC rules and fee guidelines.

4. The Commissioner ordered a designated doctor exam for maximum medical improvement and impairment rating. The examination was completed on November 7, 2024. This date is after June 1, 2024, when the DWC Rules pertaining to the reimbursement of designated doctor examinations were amended. The calculation of the applicable fee guideline is shown below.

   DWC Rule 134.240 (d)(3) and (4) states in pertinent parts, "When conducting a designated doctor examination, the designated doctor must bill, and the insurance carrier must reimburse, using CPT code 99456 and with the modifiers and rates specified in subsections (d)(1) - (7)… (3) MMI. MMI evaluations will be reimbursed at $449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W5.'

   "(4) IR. 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.

   (A) For musculoskeletal body areas, the designated doctor may bill for a maximum of three body areas.

(i) Musculoskeletal body areas are:

(I) spine and pelvis;

(II) upper extremities and hands; and

(III) lower extremities (including feet).

(ii) For musculoskeletal body areas:

(I) the reimbursement for the first musculoskeletal body area is $385 adjusted per §134.210(b)(4); and

(II) the reimbursement for each additional musculoskeletal body area is $192 adjusted per §134.210(b)(4)."

The submitted medical bill was for 99456 W5 (5) units. Based on the submitted documentation and applicable fee guideline the requestor is due $449 for the designated doctor examination and $385 for the MMI evaluation, impairment rating of the first musculoskeletal area. The additional musculoskeletal and non-musculoskeletal body areas are reimbursed at $192 each.

The submitted physician's report indicates the following impairment ratings.

- Hearing (ENT Chapter 9) non musculoskeletal $192.00
- Facial (ENT Chapter 9) (subsection 2) non musculoskeletal $0.00 – included in ear, nose, throat, and related structures
- Eye (Chapter 8) non musculoskeletal $192.00
- Skin (Chapter 13) non musculoskeletal $192.00
- Cervical (Chapter 3) (Subsection 3) musculoskeletal $385.00
- Shoulder (Chapter 3) musculoskeletal $192.00

The total reimbursement is $1602.00. 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 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 City of San Antonio must remit to James Bales $1602.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**

| | | |
|---|---|---|
| | Medical Fee Dispute Resolution Officer | April 23, 2025 |
| Signature | | 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.