



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

James Bales, M.D.

Respondent Name

Standard Fire Insurance Co.

MFDR Tracking Number

M4-25-1288-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

February 11, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 24, 2024	Designated Doctor Examination 99456-W5	\$1,026.00	\$1,026.00
	Designated Doctor Examination 99456-W6	\$642.00	\$642.00
	Designated Doctor Examination – Board Certification Required 99456-25	\$300.00	\$300.00
Total		\$1,968.00	\$1,968.00

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: \$1,968.00

Respondent's Position

Email correspondence dated March 27, 2025 states, "We received this and identified that it belongs with Cottingham Butler (CBCS Claims). I have forwarded it to the claim handler, ... and he will update you on the response."

As of today, no additional response has been received. We will base this decision on the information available.

Submitted By: Travelers

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 \(TAC\) §133.210](#) sets out the requirements for documentation.
2. [28 TAC §133.240](#) sets out the procedures for payment, reduction, or denial of a medical bill.
3. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
4. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the payment, reduction, or denial of payment for the disputed services.

Issues

1. Did Standard Fire Insurance Co. take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is James Bales, M.D. entitled to reimbursement for the services in question?

Findings

1. Dr. Bales is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and the extent of the compensable injury.

Per 28 TAC §133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

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."

The greater weight of evidence presented to DWC supports that a medical bill for the

services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. Because the insurance carrier failed to provide proof of payment or any argument regarding non-payment of the services in question, and based on the greater weight of evidence provided, Dr. Bales is entitled to reimbursement.

28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)." No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question.

Dr. Bales billed for impairment ratings of two body areas. Per the submitted records, Dr. Bales provided impairment ratings for the spine and head contusion.

28 TAC §134.240(d)(4)(A)(i)(II) states, "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)."

28 TAC §134.240(d)(4)(B)(iii) states, "The reimbursement for the assignment of an IR in a non-musculoskeletal body area is \$192 adjusted per §134.210(b)(4)."

28 TAC §134.240(d)(5) states, in relevant part, "The reimbursement rate for determining the extent of the employee's compensable injury is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W6.'" No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question.

Dr. Bales is also seeking reimbursement for procedure code 99456-25. Per 28 TAC §134.240(g), when a designated doctor examination is ordered in conjunction with §127.130(b)(9), the designated doctor must bill with modifier "25," and "the insurance carrier must reimburse, \$300 adjusted per §134.210(b)(4) in addition to the examination fee."

DWC finds that no adjustments found in 28 TAC §134.210(b)(4) apply to these services for the date of service in question. The total allowable reimbursement for the services in question is \$1,968.00. 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 \$1,968.00 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 Standard Fire Insurance Co. must remit to James Bales, M.D. \$1,968.00 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

April 17, 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.