



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Aaron Levine, M.D.

Respondent Name

Farmers Insurance Group

MFDR Tracking Number

M4-25-1321-01

Carrier's Austin Representative

Box Number 14

DWC Date Received

February 14, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 3, 2024	Designated Doctor Examination 99456-W5	\$385.00	\$385.00
	Designated Doctor Examination 99456-W7	\$0.00	\$0.00
	Designated Doctor Examination 99456-W8	\$321.00	\$0.00
Total		\$706.00	\$385.00

Requestor's Position

"THE CURRENT RULES ALLOW REIMBURSEMENT"

Amount in Dispute: \$706.00

Respondent's Position

"After reviewing the documentation provided, the bill was reviewed by the Centers for Medicaid and Medicare (CMS) methodology and determined that additional allowance is due to the provider.

"The bill was re-processed ... and an additional recommendation of \$321.00 was made."

Response Submitted by: Mitchell International, Inc.

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 §134.203](#) sets out the fee guidelines for professional medical services.
3. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.
4. [TLC §408.0041](#) sets out the requirements for designated doctor examinations.

Denial Reasons

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

- 59 – Processed based on multiple or concurrent procedure rules.
- 95 – Plan procedures not followed.
- G15 – Pricing is calculated based on the medical professional fee schedule value.
- K07 – Pricing has been calculated according to the multiple procedure reduction guidelines.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- U00 – There was no UR procedure/treatment request received.
- Note: "HISTORY BILL PAID CORRECTLY. NO ADDITIONAL ALLOWANCE RECOMMENDED."
- Note: "PROVIDER HAS RE-SUBMITTED THE BILL ALONG WITH THE DOCUMENTATION SUPPORTS THE SERVICES BILLED. HENCE, ADDITIONAL ALLOWANCE IS MADE."

Issues

1. What are the services considered in this dispute?
2. Is the insurance carrier's reduction based on the medical professional fee schedule supported?
3. Is the insurance carrier's reduction based on lack of utilization review supported?
4. Is Aaron Levine, M.D. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Levine is seeking additional reimbursement for a designated doctor examination performed on July 3, 2024. The request includes determination of maximum medical improvement, impairment rating of the lower extremity, if disability was related to the compensable injury, and ability to return to work.

Dr. Levine is seeking \$0.00 for the disability portion of the examination. Therefore, this service will not be considered in this dispute.

Per explanation of benefits dated March 19, 2025, the insurance carrier paid the disputed amount for determination of the ability to return to work in full. Therefore, this service will not be considered in this dispute.

In a subsequent response, the requestor stated "the attached EOB still shows an incorrect bill review reduction of \$385. That amount remains unpaid to date." This amount is requested for the maximum medical improvement and impairment rating portion of the examination. Therefore, reimbursement for this service will be reviewed for this dispute.

2. In its position statement, the insurance carrier indicated that its review of payment for the services in question was based on "Centers for Medicaid and Medicare (CMS) methodology."

Reimbursement for the disputed service was reduced, in part, stating, "Pricing is calculated based on the medical professional fee schedule value." However, because the services are division-specific, they are not subject to the professional fee guidelines found in 28 TAC §134.203 or CMS methodology. Reimbursement for designated doctor examinations is subject to the fee guidelines found in 28 TAC §134.240. Therefore, the insurance carrier's denial for this reason is not supported.

3. The insurance carrier also reduced payment for the service in question 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."

DWC finds that this examination was ordered under the authority of the commissioner in accordance with TLC §408.0041(a) and is not otherwise prohibited by law or order of the commissioner. Therefore, utilization review does not apply to this examination. The insurance carrier's reduction for this reason is not supported.

4. Because the insurance carrier failed to support its reduction of payment for the services in question, DWC finds that Dr. Levine is entitled to reimbursement in accordance with the fee guidelines found in 28 TAC §134.240.

28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)."

28 TAC §134.240(d)(4) states, in relevant part, "IR examinations, the designated doctor must bill, and the insurance carrier must reimburse, the components of the IR evaluation ...

(ii) For musculoskeletal body areas:

(l) the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)"

DWC finds that no adjustments apply for the date of service in question. Therefore, the total allowable amount for this portion of the examination is \$834.00. Per explanation of benefits, the insurance carrier paid \$449.00. DWC recommends an additional reimbursement of \$385.00.

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 Farmers Insurance Group must remit to Aaron Levine, M.D. \$385.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	June 18, 2025
Signature	Medical Fee Dispute Resolution Officer	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.