



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Joshua Thomas Linney, DC

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-25-1329-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

February 14, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 18, 2024	99456 W5	\$834.00	\$834.00
Total		\$834.00	\$834.00

Requestor's Position

"Carrier is required to pay designated doctor exams. ...The current rules allow reimbursement... The original bill and a reconsideration were submitted. The current rules allow reimbursement."

Amount in Dispute: \$834.00

Respondent's Position

"Texas Mutual has received 3 CMS-1500 HCFA forms from the health care provider and none of them have included the DWC-provided assignment number in field 23 as required by rule 134.240 (e)(3). Our position is that no payment is due."

Response Submitted by: Texas Mutual

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 §133.200](#) sets out the medical bill processing related to insurance carrier receipt of medical bills.
3. [28 TAC §133.240](#) sets the time limit for an insurance carrier to take final action on a medical bill.
4. [28 TAC §134.240](#) sets out the reimbursement guidelines for designated doctor examinations.

Denial Reasons

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

Issues

1. Did the insurance carrier evaluate the medical bill and/or properly return the medical bill as incomplete?
2. Did the insurance carrier support taking final action on the medical bill within 45 days?
3. Is the respondent's position supported?
4. What rule is applicable to reimbursement?

Findings

1. The requestor is seeking payment of a designated doctor examination. The insurance carrier (Texas Mutual) 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 Texas Mutual to the requestor of the claim being incomplete or returned.

2. 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 Texas Mutual 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.

3. The disputed date of service is June 18, 2024. The original date of the Commissioner's Order for a designated doctor exam was May 21, 2024. This date is PRIOR to the date of June 1, 2024 which is the date the amended provisions of Rule §134.240 went into effect. The DD assignment number referenced by the respondent in their position statement was for an amended order for the designated doctor examination. Because the original order date was May 21, 2024, the respondent's position is not supported.
4. The Commissioner ordered a designated doctor exam for maximum medical improvement and impairment rating of spine. 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."

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 (1) unit. 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 musculoskeletal area. The total reimbursement is \$834.00. 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 Texas Mutual must remit to Joshua Thomas Linney, DC \$834.00 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 10, 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.