



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Donald G. Mondragon II MD

Respondent Name

Standard Fire Insurance Company

MFDR Tracking Number

M4-25-1786-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

April 3, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 21, 2024	Designated Doctor Examination 99456-NM 25	\$749.00	\$300.00

Requester's Position

"Per Rule 127.10 the 95 day timeline begins the day the last diagnostic is performed. The last diagnostic was an EEG on 11-22-24. The 95th day would be 2-25-25."

Amount in Dispute: \$749.00

Respondent's Position

"The Provider contends they are entitled to reimbursement for the disputed services. The Carrier has reviewed the documentation and determined the Provider is entitled to reimbursement. Reimbursement for these services is being issued in accordance with the Texas Workers' Compensation Act and adopted Rules of the Division of Workers' Compensation. With the reimbursement being issued, the Carrier contends the Provider is not entitled to additional reimbursement. The Carrier, therefore, respectfully requests the Provider withdraw this Request for Medical Fee Dispute Resolution upon receipt of the reimbursement, or in the alternative, that the Division determine no additional reimbursement is due for this service."

Response 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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.210](#) sets out the fee guidelines for workers' compensation specific services.
3. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

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

- 29 – The time limit for filing has expired.
- W3 – Bill is a reconsideration or appeal.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 1001 – Based on the corrected billing and/or additional information/documentation now submitted by the provider, we are recommending further payment to be made for the above noted procedure code.
- 2008 – Additional payment made on appeal/reconsideration.

Issues

1. Is Donald G. Mondragon II MD entitled to additional reimbursement?

Findings

1. Dr. Mondragon is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) including specialty area performed on August 21, 2024. The insurance carrier denied reimbursement with denial code "29 -the time limit for filing has expired."

In response to this dispute, the insurance carrier did not maintain its denial of payment for this reason. DWC will review the services in question to address the insurance carrier's reduction of payment based on fee guidelines.

The documentation provided has sufficient evidence to show that additional testing was performed on November 22, 2024, which supports that the medical bills were submitted within 95 days after the dates of service. Therefore, the DWC concludes that the requester is entitled to reimbursement for the services in question.

28 TAC §134.240(d)(2)(A) states, "(A) If the designated doctor determines that MMI has not been reached, the MMI evaluation portion of the examination must be billed and reimbursed in accordance with subsection (d) of this section. The designated doctor must add modifier 'NM.'"

28 TAC §134.240(d)(3) states, "MMI. MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W5.'"

28 TAC §134.240 (g) states, "When the division orders the designated doctor to perform an examination of an injured employee with one or more of the diagnoses listed in §127.130(b)(9)(B) - (I) of this title:

- (1) The designated doctor must add modifier '25' to the appropriate examination code.
- (2) The designated doctor must add modifier '25' once per bill when addressing issues on the same day, regardless of the number of diagnoses or the number of issues the division ordered the designated doctor to examine.
- (3) The designated doctor must bill, and the insurance carrier must reimburse, \$300 adjusted per §134.210(b)(4) in addition to the examination fee."

28 TAC §134.210(b)(4) states, "Fees established in §§134.235, 134.240, 134.250, and 134.260 of this title will be:

- (A) adjusted once by applying the Medicare Economic Index (MEI) percentage adjustment factor for the period 2009 - 2024.
- (B) adjusted annually by applying the MEI percentage adjustment factor identified in §134.203(c)(2).
- (C) rounded to whole dollars by dropping amounts under 50 cents and increasing amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.
- (D) effective on January 1 of each new calendar year."

No adjustments apply to the date of service in dispute. The reimbursement rate for the MMI portion of the examination in question for date of service August 21, 2024, is \$449.00. The reimbursement rate for the specialist fee portion of this examination is \$300.00.

The total allowable reimbursement for the services in question is \$749.00. The submitted documentation supports that the insurance carrier made a partial payment of \$449.00. Therefore, an additional payment of \$300.00 is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement of \$300.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that Standard Fire Insurance Company must remit to Donald G. Mondragon II MD \$300.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	August 8, 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.