



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

James Butler, M.D.

Respondent Name

Fire Insurance Exchange

MFDR Tracking Number

M4-25-1790-01

Carrier's Austin Representative

Box Number 14

DWC Date Received

April 3, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 24, 2024	Designated Doctor Examination 99456-W5-WP	\$650.00	\$650.00
	Designated Doctor Examination 99456-W7	\$500.00	\$500.00
	Designated Doctor Examination 99456-W8	\$250.00	\$250.00
	Designated Doctor Examination 99456-SP	\$50.00	\$50.00
	Work Status Report 99080-73	\$15.00	\$0.00
Total		\$1,465.00	\$1,450.00

Requester's Position

"SPECIFIC REASONING/RESPONSE: DIAGNOSIS CODE IS CORRECT"

Amount in Dispute: \$1,465.00

Respondent's Position

The Austin carrier representative for Fire Insurance Exchange is Farmers Insurance Group. The representative was notified of this medical fee dispute on April 8, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then 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 §134.235, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine ability to return to work and if disability is related to the compensable injury with dates of service prior to June 1, 2024.
3. [28 TAC §134.239, effective July 7, 2016, 41 TexReg 4839](#) sets out the guidelines for Work Status Reports associated with a designated doctor examination with dates of service prior to June 1, 2024.
4. [28 TAC §134.240, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for designated doctor examinations with dates of service prior to June 1, 2024.
5. [28 TAC §134.250, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine maximum medical improvement with dates of service prior to June 1, 2024.

Denial Reasons

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

- 11 – The diagnosis is inconsistent with the procedure.
- 229 – Procedure does not appear related to the injury and/or diagnosis. We will re-evaluate this charge upon receipt of clarifying information.
- 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.
- H06 – The allowance for this code is included in the pricing of other services on the bill.
- J16 – This procedure code was ranked as the primary service when considered for

multiple procedure reduction. As a result no reduction was taken.

- J33 – Pricing for this service has been adjusted according to guidelines established for the billed modifier.
- K07 – Pricing has been calculated according to the multiple procedure reduction guidelines.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- Q01 – Additional allowance recommended. This has been re-evaluated and an additional allowance is recommended.
- U00 – There was no UR procedure/treatment request received.
- Note: “Resubmitted bill and records reviewed and it supports billed code. An additional payment is made.”

Issues

1. Is this dispute subject to dismissal based on extent of injury or relatedness?
2. Is James Butler, M.D. entitled to reimbursement?

Findings

1. Dr. Butler is seeking reimbursement for an examination to determine maximum medical improvement (MMI), impairment rating (IR), ability of the injured employee to return to work, and if disability was related to the compensable injury as ordered by DWC. The insurance carrier denied payment based, in part, stating, “The diagnosis is inconsistent with the procedure,” and “Procedure does not appear related to the injury and/or diagnosis.”

Per Commissioner’s Order dated March 19, 2024, Dr. Butler was ordered to perform the examination in question. TLC §408.0041(h) requires the insurance carrier to reimburse designated doctor examinations unless otherwise prohibited by statute, order, or rule. The insurance carrier submitted no evidence to support that reimbursement for the examination in question was prohibited.

DWC finds that the examination in question is not subject to dismissal based on extent of injury or relatedness.

2. Because the insurance carrier failed to support its denial of payment for the services in question, DWC finds that Dr. Butler is entitled to reimbursement.

The submitted documentation supports that Dr. Butler performed an evaluation of MMI as ordered by DWC. 28 TAC §134.250(3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Review of the submitted documentation finds that Dr. Butler performed impairment rating evaluations of the spine and head. 28 TAC §134.250(4)(C)(ii) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of a musculoskeletal body area determined using the DRE method is \$150.00. 28 TAC §134.250(4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-

musculoskeletal body areas is \$150.00 each.

The submitted documentation indicates that Dr. Butler performed examinations to determine ability to return to work and if disability was related to the compensable injury. According to 28 TAC §134.235, the MAR for such examinations is \$500.00. Rules for multiple examinations of this type are found at 28 TAC §134.240(2). Not including maximum medical improvement and impairment rating, when multiple examinations of this type are required, the first examination is reimbursed at 100% of MAR. The second examination is reimbursed at 50%. For this dispute, the MAR for the examination to determine the ability to return to work is \$500.00. The examination to determine if disability was related to the compensable injury is \$250.00.

Dr. Butler referred the injured employee to a specialist to provide a report to aid in determining the impairment rating for the head. The use of this report is noted in the narrative. Per 28 TAC §134.250(4)(D)(iii), "reimbursement shall be \$50 for incorporating one or more specialists' report(s) information into the final assignment of IR. This reimbursement shall be allowed only once per examination."

Dr. Butler included billing for filing the DWC073 – *Texas Workers' Compensation Work Status Report*. Per 28 TAC §§134.235 and 134.239, filing the DWC073 is not separately payable when provided with a designated doctor examination.

DWC finds that the total allowable reimbursement for the services in question is \$1,450.00. 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 \$1,450.00 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 Fire Insurance Exchange must remit to James Butler, M.D. \$1,450.00 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

July 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 electronico CompConnection@tdi.texas.gov.