



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kristie Gaddis, D.C.

Respondent Name

Safety National Casualty Corp.

MFDR Tracking Number

M4-25-1878-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 15, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 31, 2025	Designated Doctor Examination 99456-W5 (MMI)	\$465.00	\$465.00
	Designated Doctor Examination 99456-W5 (IR)	\$597.00	\$398.00
Total		\$1,062.00	\$863.00

Requestor's Position

"This exam ... is now 62 days out – no EOB, no payment ... This carrier requested TDI send out a DD to perform the exams."

Amount in Dispute: \$1,062.00

Respondent's Position

"The Requestor has indicated that a complete medical bill (HICF) and narrative were initially sent via fax ... on 02/11/2025. Despite the document submitted indicating a complete HICF (sic) and Narrative were sent on 2/11/2025, the Carrier did NOT receive a fax on or near this date.

"The Requestor alleges a Reconsideration fax was submitted on 4/3/2025. As is the case with the

alleged 2/11/2025 fax, the 4/3/2025 fax was also not received by the Carrier ...

"In an attempt to resolve this issue, an attempt was made to process the bill and include interest; however, please note that the diagnosis in box 21B of the CMS1500 form ... is not valid ...

"The Requestor's bill included in this MFDR packet includes an invalid billing code. ICD10 codes are considered billing codes. As such, the bill is incomplete. The Respondent is unable to process the bill until the Requestor corrects their billing."

Response Submitted by: CorVel

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 \(TAC\) §133.10](#) sets out the procedures for completing a medical bill.
2. [28 Texas Administrative Code \(TAC\) §133.240](#) sets out the procedures for payment or denial of a medical bill.
3. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
4. [28 TAC §134.210](#) sets out the guidelines for reimbursement of services that are specific to workers' compensation.
5. [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 denial of payment for the disputed services.

Issues

1. Did Safety National Casualty Corp. take final action on the bill for the service in question prior to the request for medical fee dispute resolution (MFDR)?
2. Is the insurance carrier's argument regarding a valid diagnosis supported?
3. Is Kristie Gaddis, D.C. entitled to reimbursement?

Findings

1. Dr. Gaddis is seeking reimbursement for a designated doctor examination performed on

January 31, 2025, to determine maximum medical improvement (MMI) and impairment rating (IR). Dr. Gaddis argued that she did not receive payment or an explanation of benefits for the medical bills submitted. CorVel, on behalf of the insurance carrier, argued that it did not receive the bills in question.

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.

The greater weight of evidence presented to DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to indicate that the insurance carrier took final action on the bill for the service in question.

2. In its response to MFDR request, the insurance carrier stated, "In an attempt to resolve this issue, an attempt was made to process the bill and include interest; however, ... The Requestor's bill included in this MFDR packet includes an invalid billing code. ICD10 codes are considered billing codes. As such, the bill is incomplete."

28 TAC §133.10(f)(1)(M) states that a "diagnosis or nature of injury (CMS-1500/field 21) is required; **at least one diagnosis code** and the applicable ICD indicator must be present" [emphasis added] on the medical bill.

The greater weight of evidence supports that the insurance carrier received medical bills with at least one diagnosis code in the appropriate field. Therefore, the insurance carrier's argument for denial of payment for this reason is not supported.

3. Because the insurance carrier failed to support denial of payment for the examination in question, DWC finds that Dr. Gaddis 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)."

28 TAC §134.240(d)(4) states, in relevant part:

- (4) ... For IR examinations, the designated doctor must bill, and the insurance carrier must reimburse the components of the IR evaluation.
 - (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).

Dr. Gaddis provided impairment ratings for the cervical and lumbar spine, which constitutes one body area.

28 TAC §134.210(b)(4) states,

- (4) 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.

For the date of service in question, an MEI adjustment applies to the eligible examination fees. For MMI, the adjusted reimbursement is \$465.00. For IR of one body area, the adjusted reimbursement is \$398.00. The total allowable reimbursement for the services in question is \$863.00. 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 \$863.00 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 Safety National Casualty Corp. must remit to Kristie Gaddis, D.C. \$863.00 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

May 22, 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.