



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Jay Harrison, D.C.

Respondent Name

Berkshire Hathaway Direct Insurance

MFDR Tracking Number

M4-25-2065-01

Carrier's Austin Representative

Box Number 06

DWC Date Received

May 1, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 13, 2024	Designated Doctor Examination 99456-W5	\$1,026.00	\$1,026.00

Requester's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED. THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$1,026.00

Respondent's Position

The Austin carrier representative for Berkshire Hathaway Direct Insurance is Stone Loughlin & Swanson LP. The representative was notified of this medical fee dispute on May 6, 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 \(TAC\) §133.240](#) sets out the procedures for payment or denial of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.210](#) provides the fee guidelines for workers' compensation specific services.
4. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. Did the insurance carrier take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Jay Harrison, D.C. entitled to reimbursement for the examination in question?

Findings

1. Dr. Harrison is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on September 13, 2024. The requester argued that no response was received for the submitted billing.

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. DWC found no evidence to support that the insurance carrier took final action on the bill for the service in question.

2. Because the insurance carrier failed to present any evidence supporting non-payment of the services in question, DWC finds that Dr. Harrison is entitled to reimbursement as follows.

Per 28 TAC §134.240(d), "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)."

The doctor found that the injured employee had reached MMI. 28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)." No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question.

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

28 TAC §134.240(d)(4)(A) states, in relevant part, "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 doctor certified IR for the spine and shoulder. No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question. Therefore, the MAR for this service is \$577.00.

The total allowable reimbursement for the examination in question is \$1,026.00. This amount 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 reimbursement of \$1,026.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Berkshire Hathaway Direct Insurance must remit to Jay Harrison, D.C. \$1,026.00 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 31, 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.