



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Juan Francisco Quiroz MD

Respondent Name

Hartford Insurance Co of Illinois

MFDR Tracking Number

M4-25-2185-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

May 9, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 29, 2024	Designated Doctor Examination 99456-W5	\$384.00	\$384.00
August 29, 2024	Designated Doctor Examination 99456-25	\$0.00	\$0.00
August 29, 2024	Designated Doctor Examination 99456-W6	\$0.00	\$0.00
August 29, 2024	Designated Doctor Examination 99456-W7	\$0.00	\$0.00
August 29, 2024	Designated Doctor Examination 99456-W8	\$0.00	\$0.00
Total		\$384.00	\$384.00

Requester's Position

"CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS."

Amount in Dispute: \$384.00

Respondent's Position

The Austin carrier representative for Hartford Insurance Co of Illinois is Burns Anderson Jury & Brenner LP. Burns Anderson Jury & Brenner LP was notified of this medical fee dispute on May 21, 2025. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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

Neither party submitted an explanation of benefits (EOBs) for consideration in this dispute. Accordingly, the review is based on the information available at the time of the review.

Issues

1. Did the requester meet the requirements of 28 TAC 133.307(c)(2)(K)?
2. Is Juan Francisco Quiroz MD, entitled to reimbursement?

Findings

1. The requester is seeking reimbursement for CPT code 99456-W5 provided on August 29, 2024. A review of the Medical Fee Dispute Resolution (MFDR) request determined that the requester did not include copies of the Explanation of Benefits (EOBs). Additionally, the insurance carrier did not provide EOBs, as they failed to respond to the MFDR request. A review of the documentation provided by the requester supports compliance with 28 TAC §133.307(c)(2)(K), which requires submission of each related EOB or, in its absence, convincing evidence that a request for the EOB was sent to and received by the insurance carrier. The requester included sufficient documentation demonstrating that a request for the EOB was made and not received. This supports that the required step was completed prior to filing the MFDR and that the request was made in accordance with the form and manner prescribed by the division. Because Hartford Insurance Co of Illinois failed to provide any defense of its non-payment for

the services in question, Dr. Quiroz is entitled to reimbursement.

2. Dr. Quiroz is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, extent of injury and disability performed on August 29, 2024.

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(d)(4) states, in relevant part, "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." Per subsection (A)(ii)(I), "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)."

Per subsection (A)(ii)(II)," the reimbursement for each additional musculoskeletal body area is \$192 adjusted per §134.210(b)(4). (B) For non-musculoskeletal body areas, the designated doctor must bill, and the insurance carrier must reimburse, for each non-musculoskeletal body area examined. (i) Non-musculoskeletal body areas are defined as follows: (I) body systems; (II) body structures (including skin); and (III) mental and behavioral disorders. (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides. (iii) The reimbursement for the assignment of an IR in a non-musculoskeletal body area is \$192 adjusted per §134.210(b)(4)."

A review of the submitted medical record finds that the requester provided an evaluation of maximum medical improvement (MMI), impairment rating (IR) of three musculoskeletal body areas, a specialty exam, an extent of injury exam and a disability exam. The requester is seeking \$0.00 for specialty exam, extent of injury exam, the disability exam and return to work exam; therefore, the services are not considered in this dispute. No adjustments apply to the date of service in dispute.

In accordance with 28 TAC §134.240, the reimbursements, the disputed examinations rendered on August 29, 2024, are:

Designated Doctor Exam Fees for dates of service 6/1/2024 - 12/31/2024	
MMI exam	\$449
IR exam first musculoskeletal (MSK) body area (spine)	\$385
IR exam for additional MSK body area (upper extremity)	\$192
IR exam for additional MSK body area (lower extremity)	\$192
IR exam for additional non-MSK body area (nervous system)	\$192
IR exam for additional non-MSK body area (skin)	\$192
Total	\$1,602.00

The total reimbursement for MMI/IR is \$1,602.00. According to DWC 60, the carrier paid \$1,218.00; therefore, the requester is entitled to the remaining amount of \$384.00.

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 \$384.00 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 Hartford Insurance Co of Illinois must remit to Dr. Quiroz \$384.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	August 25, 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.