



Medical Fee Dispute Resolution Findings and Decision General Information

Requester Name

Andrew Brylowski, M.D.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-3194-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

August 6, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 15, 2025 to May 28, 2025	99082	\$1,067.00	\$0.00
May 15, 2025 to May 28, 2025	99199	\$366.00	\$0.00
May 15, 2025 to May 28, 2025	90792	\$4,926.60	\$0.00
May 15, 2025 to May 28, 2025	96116	\$193.72	\$0.00
May 15, 2025 to May 28, 2025	96121	\$1,928.52	\$0.00
May 15, 2025 to May 28, 2025	96132	\$3,326.52	\$0.00
May 15, 2025 to May 28, 2025	96133	\$4,332.93	\$0.00
May 15, 2025 to May 28, 2025	96136	\$89.83	\$0.00
May 15, 2025 to May 28, 2025	96137	\$1,650.60	\$0.00
Total		\$17,881.72	\$0.00

Requester's Position

"NOTE: We have NOT received an EOB on this bill. ...

CPT Codes/Modifier:

99082 51-59: Physician unusual travel CPT code 99082 is billed at \$2 per mile.

AMOUNT: \$1,067.00

99199 51-59: This code was used for record organization, tagging, sorting, linking specific record to report, and having the record available in the cloud for immediate viewing by stakeholders(s).

AMOUNT: \$366.00

90792 51-59, 96116 51-59, 96121 51-59: Please note that 2 (TWO) HCFA CMS 1500 invoices are attached in combined format for the correct billing of multiple CPT codes necessary for the COMPREHENSIVE FORENSIC INDEPENDENT MEDICAL EXAMINATION from a neuropsychiatric point of view...

Please note there is no procedural definition established in the fee (Medicare) guidelines for a COMPREHENSIVE FORENSIC INDEPENDENT MEDICAL EXAMINATION

AMOUNT: \$7,048.84

96132 51-59, 96133 51-59, 96136 51-59, 96137 51-59:

Physical and neuro-behavioral examination along with diagnostic interview and additional testing that was forensically medically necessary for this examination such as neuropsychiatric testing and measures, blood work, imaging studies, etc. A history and diagnostic interview along with a review of medical records and collateral information that was available was done. Dr. Brylowski was asked to determine all or part of the following issues: 1. Impairment rating, 2. Maximum medical improvement date, 3. Ability of the employee to return to work, 4. Extent of the employee's compensable injury, 5. Whether the employee's disability is a direct result of the work injury, 6. Other similar issues. Neuropsychiatric testing interpretation, report preparation, as well as a review of medical records were accomplished.

This process involved approximately 28 hours of staff and physician time. Neuropsychiatric testing administration and interpretation, report preparation, review of medical records, literature search, AMA guides 4th edition, MDGuidelines, ODG, DSM 5, and other specialty guideline search as necessary were accomplished on May 12, 2025, May 14, 2025, May 15, 2025, May 16, 2025, May 19, 2025, May 20, 2025, May 22, 2025, May 23, 2025, May 24, 2025, May 25, 2025, and May 27, 2025. This process involved approximately 23 hours of physician time. Total hours for evaluation, forensic measure ordering, interpretation, and integration, neuropsychiatric testing supervision, scoring, and interpretation, urine drug evaluation and interpretation, literature and guideline search and integration with report integration of this information in addition to the routine designated doctor issues was approximately 28 hours. Per DWC Rule 133.240 (l) All payments of medical bills that an insurance carrier makes on or after the 60th day after the date the insurance carrier originally received the complete medical bill shall include interest calculated in accordance with §134.130 of this title without any action taken by the division. The interest payment shall be paid at the same time as the medical bill payment.

Amount in Dispute: \$17, 881.72

Respondent's Position

"Per Commission Rule 133.307(d) Texas Mutual Insurance Company submits the following statement in reference to the dispute of service from 05/15/2025 to 05/28/2025. Texas Mutual has reviewed the DWC-60 submitted by GLOBAL EXAMINATION SERVICES ANDREW BRYLOWSKI, M.D.

Per rule 133.10(f)(N) prior authorization number (CMS-1500/field 23) is required in the following situations: (i) Preauthorization, concurrent review, or voluntary certification was approved, and the insurance carrier provided an approval number to the requesting health care provider. Include the approval number in the prior authorization field (CMS-1500/field 23).(ii) The division ordered a designated doctor examination and provided an assignment number. Include the assignment number in the prior authorization field (CMS-1500/field 23).(iii) The designated doctor referred the injured employee for additional testing or evaluation, and the division provided an assignment number. Include the assignment number in the prior authorization field (CMS-1500/field 23). The CMS-1500 that was submitted and included in the DWC-60 packet, see pages 15-18 of packet, does not reflect the DWC assignment number in field 23. Per the commissioner's order the DD assignment# is [redacted]."

Response Submitted by: Texas Mutual Insurance Company

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. [Rule §133.307](#) Medical Fee Dispute Resolution
2. [Rule §133.10](#) Required Billing Forms/Formats
3. [Rule §134.240](#) Designated Doctor Examinations
4. [Rule §127.10](#) General Procedures for Designated Doctor Examinations
5. [Rule §141.1](#) Requesting and Setting a Benefit Review Conference.

Denial Reasons

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

- Note: The DWC assignment number is required in the preauthorization field for DD and any DD-ordered testing or evaluation medical bills beginning 6/01/24. Please submit documentation to support exact time treated.
- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- CAC16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.

- 225 –The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 750 – The service billed does not qualify as a medical service nor has medical necessity of the non-medical service provided been established
- 892 – Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.

Issues

1. Did the requester submit a medical bill to the insurance carrier in accordance with 28 TAC §133.10(f)(1)(N)(ii)?
2. Is the requester entitled to reimbursement?

Findings

1. The requester seeks reimbursement for designated doctor referred testing.

28 TAC § 133.10, under Subchapter B – Health-Care Provider Billing Procedures, addresses required data elements for professional (CMS-1500) and institutional (UB-04) bills in Texas workers’ compensation cases. Subsection (N) requires entry of a prior authorization number in CMS-1500, field 23, and includes the assignment number in certain circumstances.

Specifically:

- (ii) The division ordered a designated doctor examination and provided an assignment number—include it in the prior authorization field (CMS-1500/field 23).
- (iii) The designated doctor referred the injured employee for additional testing or evaluation, and the division provided an assignment number—include it in that same field.

Additionally, DWC Rule §134.240 (e) and (f) governs billing for additional testing or evaluations referred by a designated doctor under §127.10. Required testing must be billed with appropriate CPT codes, with reimbursement based on applicable fee guidelines.

Key requirements include:

- The designated doctor and any referral providers must include the DWC-assigned prior authorization number in the CMS-1500 form’s prior authorization field (field 23), as per §133.10(f)(1)(N).
 - Referral providers must bill using the assignment number provided by the designated doctor and submit all required documentation.
2. Failure to include the DWC assigned assignment number on the medical bill can result in improper billing or denial of reimbursement.

In this case, the requester failed to provide documentation demonstrating that the required assignment number was included in the appropriate field (CMS-1500, Field 23). As a result, the submission does not comply with the applicable rules and does not support eligibility for reimbursement.

Conclusion

The resolution of this medical fee dispute is determined by the evidence provided by both the requester and the respondent during the adjudication process. While not all evidence may have been thoroughly discussed, all relevant information was considered in reaching a decision.

The DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	September 26, 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 512-804-4812.