

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Jack P. Mitchell, DC

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-25-3322-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

August 19, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 5, 2025	99456-W5 / DD Exam	\$1,062.00	\$0.00
May 5, 2025	73080 / Additional Testing X-Ray	\$75.00	\$65.63
May 5, 2025	73562 / Additional Testing X-Ray	\$75.00	\$75.00
Total		\$1,212.00	\$140.63

Requester's Position

"Carrier is required to pay designated doctor exams."

Amount In Dispute: \$1,212.00

Respondent's Position

"Despite not receiving the billing package, the Requestor's package has now been reviewed in accordance with state fee schedule rules and payment has been recommended accordingly."

Response Submitted By: CorVel Healthcare Corporation

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [134.240](#) sets out the fee guidelines for designated doctor examinations.
3. 28 TAC Section [134.203](#) sets out the fee guidelines for professional medical services.
4. 28 TAC Section [127.10](#) provides the general procedures for designated doctor examinations.

Adjustment Reasons

The insurance carrier reduced payment for the disputed services with the following reasons:

1. 97 – Charge included in another charge or service.
2. W5 – DD exam with IR or MMI.
3. ORC – See additional information
4. Note: Per rule 134.250(a) an MMI/IR exam includes all time spent on the exam/evaluation; consultation w/IW, review of records, narrative preparation, testing, calculation tables, figures, worksheets and addendums.

Issues

1. What is DWC considering in this medical fee dispute?
2. Has the requester been previously reimbursed for the disputed service?
3. Is the insurance carrier's reimbursement reduction reason supported?
4. Is the requester entitled to additional reimbursement?

Findings

1. The requester is seeking reimbursement of \$1,212.00 for a designated doctor exam that included additional radiology testing on date of service May 5, 2025. The insurance carrier stated in their response, "Neither the original billing nor a reconsideration request were received by the TPA (Corvel)". After the medical fee dispute was submitted by the requester, the insurance carrier recommended payment for code 99456-W5 in the amount of \$1,062 including interest in the amount of \$12.18, for a total of \$1,074.18. The radiology testing codes were not paid and will be reviewed to determine whether additional payment is recommended.
2. The insurance carrier reviewed the requesters Medical Fee Dispute Request on August 29, 2025 and recommended payment of \$1,074.18 was documented on explanation of review

(EOR). Radiology services requested by the designated doctor for determination of MMI or the assignment of IR, were not paid by the insurance carrier.

3. The insurance carrier reduced the payment with code 97 (description indicated above). The EOR also noted, "Per rule 134.250(a) an MMI/IR exam includes all time spent on the exam/evaluation; consultation w/IW, review of records, narrative preparation, testing, calculation tables, figures, worksheets and addendums."

28 TAC Rule Section 127.10(c) states, "Additional testing and referrals. The designated doctor must perform additional testing when necessary to resolve the issue in question."

28 TAC Rule Section 134.240(d)(4)(C) states, "If the examination for the determination of MMI or the assignment of IR requires testing authorized by Chapter 127 of this title that is not outlined in the AMA Guides, the appropriate CPT code or codes must be billed, and the insurance carrier must reimburse, according to the applicable division fee guideline, in addition to the fees outlined in subsections (d)(1) - (3) and (d)(4)(A) - (B) of this section."

In the report provided, the requester noted, "Additional testing was deemed necessary for diagnosis and impairment purposes, and x rays were performed...". DWC finds that the insurance carriers reduction is not supported.

4. The requester billed codes 73080 and 73562 which are radiologic examinations.

28 TAC Section 134.240(e) states, "Required testing or evaluation under 127.10 of this title must be billed using the appropriate CPT codes. Reimbursement will be according to §134.203 or other applicable division fee guideline in addition to the examination fee."

28 TAC Section 134.203(c) states, "To determine MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

- (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.
- (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors and shall be effective January 1st of the new calendar year."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare

Conversion Factor) X Medicare Payment = MAR.

- The 2025 DWC Conversion Factor is 70.18
- The 2025 Medicare Conversion Factor is 32.3465
- A review of the medical bills finds that the disputed services were rendered in zip code 75604; the locality is "Rest of Texas".
- The Medicare Participating amount for CPT code 73080 is \$30.25 and for CPT Code 73562 is \$37.61.
- Using the above formula, DWC finds the MAR for 73080 is \$65.63 and 73562 is \$81.60 for a combined total of \$147.23.
- The respondent paid \$0.00
- The requester seeks \$150.00.
- The recommended amount for CPT code 73080 is \$65.63, and CPT Code 73562 is \$75.00 for a combined total of \$140.63.

DWC finds that the requester is entitled to additional reimbursement for the disputed services. Consistent with DWC guidelines, the recommended additional reimbursement is therefore the lesser of the MAR or the amount requested, as a result, the requester is entitled to an additional payment of \$140.63.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that Safety National Casualty Corp must remit to Jack P. Mitchell \$140.63 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 22, 2026

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.