TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name
Kenneth Steen D.C.

Respondent Name
City of Odessa

MFDR Tracking Number
M4-25-3353-01

Carrier's Austin Representative
Box Number 55

DWC Date Received
August 20, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 18, 2024	Designated Doctor Examination 99456-W5	$484.00	$484.00

Requester's Position

"Carrier is required to pay designated doctor exams."

Amount in Dispute: $484.00

Respondent's Position

The Austin carrier representative for City of Odessa is Christopher Ameel Attorney at Law. Christopher Ameel Attorney at Law was notified of this medical fee dispute on August 22, 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 §133.240 sets out the requirements for submission of a medical bill.

4. 28 TAC §134.240 sets out the fee guidelines for designated doctor examinations.

Denial Reasons

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

- P12 – The Official Disability Guidelines (ODG) classify the procedure or service billed as rarely, if ever, occurring for the conditions for which the patient is being treated as identified by the ICD code(s). Please provide an explanation of the medical necessity of this service.
- 01(P12) – The charge for the procedure exceeds the amount indicated in the fee schedule.
- XD (P12) – This bill was submitted after the billing timeliness guideline provided.
- Comments: Need bill breakdown for additional payment. Calls were left for a corrected bill.

Issues

1. Is the insurance carriers denial for medical necessity supported?

2. Is the insurance carriers request for bill breakdown supported?

3. Is the insurance carrier's denial based on timely filing supported?

4. Is Kenneth Steen D.C. entitled to reimbursement?

Findings

1. Dr. Steen is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating performed on November 18, 2024. The insurance carrier did not provide a response to this dispute. DWC will base its decision on the available information.

City of Odessa denied payment based, in part, on medical necessity. TLC §408.0041(h) requires the insurance carrier to reimburse designated doctor examinations unless otherwise prohibited by statute, order, or rule. The insurance carrier submitted no evidence to support that reimbursement for the examination in question was prohibited. DWC finds that the insurance carrier's denial based on medical necessity is not supported.

2. In a comment on explanation of benefits dated December 21, 2024, the insurance carrier stated, "Need bill breakdown for additional payment. Calls were left for a corrected bill." DWC finds no requirement for a "breakdown" of the bill in 28 TAC §134.240. If the insurance carrier requires additional information to process the medical bill, 28 TAC §133.210 (d) requires a request to the health care provider that must:

   (1) be in writing;

   (2) be specific to the bill;

   (3) specifically describe the information to be included in the response;

   (4) be relevant and necessary for the resolution of the bill;

   (5) be for information that the health care provider has;

   (6) indicate the specific reason that the insurance carrier needs the information; and

   (7) include a copy of the bill that the insurance carrier is requesting the additional documentation for.

   The insurance carrier failed to submit evidence that it made an appropriate request for additional documentation with the required specificity. The insurance carrier's denial for this reason is not supported.

3. The service in question was performed on November 18, 2024. However, according to the Explanation of Benefits (EOB) dated December 21, 2024**,** the insurance carrier denied payment in part on the basis that "this bill was submitted after the billing timeliness guidelines provided." The EOB incorrectly lists the date of service as January 18, 2024.

   The medical bills submitted with the dispute reflect the correct date of service, November 18, 2024. Additionally, the check attached to the EOB dated December 21, 2024 includes a handwritten correction indicating the correct service date of November 18, 2024.

   Pursuant to 28 TAC §133.20(b), a health care provider must submit a medical bill to the insurance carrier within 95 days of the date of service, with limited exceptions.

   A review of the explanation of benefits dated December 21, 2024, indicates that the insurance carrier received a medical bill for the service in question on November 26, 2024. This is less than 95 days from the date of service. Therefore, this denial reason is not supported.

4. Because City of Odessa failed to support denial reasons of its non-payment for the services in question, Dr. Steen is entitled to reimbursement.

   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)."

A review of the submitted medical record finds that the requester provided an evaluation of maximum medical improvement (MMI) and impairment rating (IR).

In accordance with 28 TAC §134.240, the reimbursements which apply to the disputed examination rendered on November 18, 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	$385
Total	$834.00

The total reimbursement is $834.00. The carrier paid $350.00 on December 21, 2024; therefore, the requester is entitled to the remaining amount of $484.00. DWC finds that reimbursement in the amount of $484.00 is due for the services in dispute.

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 additional reimbursement of $484.00 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 City of Odessa must remit to Dr. Steen $484.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		November 24, 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 electronico CompConnection@tdi.texas.gov.