

Rule 152.4. Guidelines for Legal Services Provided to Claimants, Beneficiaries and Carriers.

The guidelines outlined in this rule shall be considered by the Division along with the factors and maximum fee limitations set forth in §408.221 and §408.222 of the Texas Labor Code and applicable Worker’s Compensation Rules.

An attorney may request and the Division may approve a number of hours greater than those allowed by these guidelines, if the attorney demonstrates to the satisfaction of the Division that the higher fee was justified based on the Texas Labor Code, §408.221 and §408.222.

The guidelines for legal services provided to claimants, beneficiaries and carriers are as follows:

| <u>SERVICE</u> | <u>MAXIMUM TOTAL HOURS</u> |
|---------------------------------------------------------------------------------------------------|----------------------------|
| Initial interview and research | 1.0 |
| Setting up file; completing and filing forms | 0.5 |
| Communications per month (with client, health care providers, other persons involved in the case) | 2.5 |
| Direct dispute resolution negotiation with the other party (per month) | 3.0 |
| Preparation and submission of an agreement or settlement | 1.0 |
| Participation in benefit review conference | Actual time in BRC + 2.0 |
| Participation in benefit contested case hearing | Actual time in CCH + 4.0 |
| Participation in administrative appeal process | 5.0 |

TABLE OF CODES

| CATEGORY CODES | ACTOR CODES |
|-------------------------------------|------------------------------------|
| AL Appeals | A1 Attorney 1 (primary attorney) |
| AS Agreements and Settlements | A2 Attorney 2 (secondary attorney) |
| BR Benefit Review Conference | A3 Attorney 3 (tertiary attorney) |
| CC Contested Case Hearing | LA Legal Assistant |
| CF Communications | |
| IR Informal Resolution | |
| IS Initial Services | |
| TT Travel Time | |
| ACTION PERFORMED CODES | RECIPIENT CODES |
| AP Attend Proceeding | A Court Reporter |
| AD Attend Deposition of | B Beneficiary |
| CF Complete & File Claim Form | C Claimant |
| DL Draft Letter to | D Disability Determination Officer |
| DP Draft & File Pleadings/Documents | E Employer |
| II Initial Interview | H Hearing Officer |
| LR Performed Legal Research | I Carrier |
| OC Office Conference with | J Adjuster |
| PP Prepare for Proceeding | O Ombudsman |
| RF Review File | P Health Care Provider |
| RR Receive/Review Documents | R Benefit Review Officer |
| SF Set Up File | T Other Division Staff |
| TC Telephone Conference with | W Witness |
| | Z Other Carrier |

