



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Mandy Woods, D.C.

**Respondent Name**

American Zurich Insurance Co.

**MFDR Tracking Number**

M4-23-2022-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

April 14, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 23, 2022	Designated Doctor Examination 99456-W5-NM	\$0.00	\$0.00
	Multiple Impairment Ratings 99456-W5-MI	\$50.00	\$0.00
	Designated Doctor Examination 99456-W5-RE	\$0.00	\$0.00
<b>Total</b>		\$50.00	\$0.00

### Requestor's Position

THE CURRENT RULES ALLOW REIMBURSEMENT

**Amount in Dispute:** \$50.00

### Respondent's Position

As indicated on original bill's EOR the DWC69s submitted indicate the IW is not at MMI. Since the IW is not at MMI, no Impairment Rating (either on the accepted injuries nor the injuries not accepted by the carrier) has occurred. No payment will be made for 99456-MI if the injured workers is deemed not at MMI as no impairment has been determined.

**Response Submitted by:** CorVel

## Findings and Decision

### Authority

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

### Statutes and Rules

1. [28 Texas Administrative Code §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

### Denial Reasons

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

- 234 – This procedure is not paid separately.
- Notes: "Per rule 134.204, modifier MI is billed when the DD is completing multiple impairment ratings calculations. However, the non-compensable injuries are not at MMI; therefore, no addtl IR occurred."

### Issues

1. What is the service considered in this dispute?
2. Is Mandy Woods, D.C. entitled to additional reimbursement?

### Findings

1. Dr. Woods is seeking additional reimbursement for a designated doctor examination performed to determine maximum medical improvement, impairment rating, and extent of the compensable injury. Dr. Woods is not seeking reimbursement for these services, but rather calculation of multiple impairment ratings billed as 99456-W5-MI. Therefore, this is the service considered in this dispute.
2. Available documentation indicates that Dr. Woods was ordered to address maximum medical improvement, impairment rating, and extent of injury. 28 TAC §134.250 (4)(B) states:

When multiple IRs are required as a component of a designated doctor examination under this title, the designated doctor shall bill for the number of body areas rated and be reimbursed \$50 for each additional IR calculation. Modifier "MI" shall be added to the MMI evaluation CPT code.

Documentation supports that Dr. Woods found that the injured employee was not at maximum medical improvement and no impairment calculations were provided. Therefore, a

charge for additional impairment calculations was not supported. DWC does not recommend additional reimbursement for this charge.

Conclusion

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

DWC finds the requestor has not established that additional reimbursement is due.

**Order**

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

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

May 19, 2023  
\_\_\_\_\_  
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](http://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 3 or email [CompConnection@tdi.texas.gov](mailto: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 3 o correo electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).