



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Stacy Croft, D.C.

Respondent Name

Standard Fire Insurance Co.

MFDR Tracking Number

M4-23-2053-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

April 20, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 7, 2022	Designated Doctor Examination 99456-W5-WP	\$450.00	\$150.00
	Designated Doctor Examination 99456-W8-RE	\$0.00	\$0.00
Total		\$450.00	\$150.00

Requestor's Position

"THE CURRENT RULES ALLOW REIMBURSEMENT"

Amount in Dispute: \$450.00

Respondent's Position

"The Carrier has reviewed the documentation and determined the Provider is entitled to supplemental reimbursement for the disputed services, but not in the amount sought by the Provider. Based on the Carrier's review, reimbursement for CPT code 99456-W5-WP is calculated as \$350 for the Maximum Medical Improvement exam, \$300 for ROM for the upper extremities, \$150 for ROM of the spine/pelvis, and \$150 for ROM of the lower extremities. This produces total reimbursement of \$950 for this CPT code, resulting in supplemental reimbursement of \$300. Supplemental reimbursement in this amount is being issued in accordance with the Texas

Workers' Compensation Act and adopted Rules of the Division of Workers' Compensation."

Response Submitted by: Travelers

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 §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- 947 – Upheld, no additional allowance has been recommended.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration

Issues

1. What are the services considered in this dispute?
2. Is Stacy Croft, D.C. entitled to additional reimbursement?

Findings

1. Dr. Croft is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and ability to return to work.

Dr. Croft is seeking \$0.00 for the examination to determine the ability to return to work, represented by procedure code 99456-W8-RE. Therefore, this service will not be considered in this dispute.

Dr. Croft submitted this dispute request seeking an additional reimbursement of \$450.00 for the examination to determine maximum medical improvement and impairment rating, represented by procedure code 99456-W5-WP. However, after the submission of the request for medical fee dispute, Standard Fire Insurance Co. paid an additional \$300.00. Dr. Croft opted not to withdraw the dispute, and maintains that \$150.00 remains due. This service is reviewed in this dispute.

2. The submitted documentation supports that Dr. Croft performed an evaluation of maximum medical improvement as ordered by DWC. 28 TAC §134.250(3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Review of the submitted documentation finds that Dr. Croft performed impairment rating evaluations of the spine, right elbow, and right knee with range of motion testing. Documentation also supports that the doctor performed an impairment rating evaluation of a rib fracture.

28 TAC §134.250(4)(C)(i) defines musculoskeletal body areas as:

- spine and pelvis;
- upper extremities and hands; and
- lower extremities (including feet).

28 TAC §134.250(4)(D)(i) and (ii) state:

- Non-musculoskeletal body areas are defined as follows:
 - body systems;
 - body structures (including skin); and
 - mental and behavioral disorders.
- For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides.

The AMA Guides place the ribs in Chapter 5, The Respiratory System. Therefore, they are a non-musculoskeletal area.

28 TAC §134.250(4)(C)(ii) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00. The MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each.

Per 28 TAC §134.250(4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each.

The total MAR for the calculation of impairment ratings for four units as billed is \$750.00. The total allowable reimbursement for procedure code 99456-W5-WP as considered in this dispute, is \$1,100.00. On its Medical Fee Dispute Resolution Request form, the requestor indicated that the insurance carrier paid \$650.00 prior to its request. After the dispute was submitted, the insurance carrier paid an additional \$300.00, for a total payment of \$950.00.

DWC finds that Dr. Croft is entitled to an additional reimbursement of \$150.00. This amount is recommended.

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 requester has established that additional reimbursement of \$150.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Standard Fire Insurance Co. must remit to Stacy Croft, D.C. \$150.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	June 30, 2023
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 electrónico CompConnection@tdi.texas.gov.