



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Karen Goodwin, D.C.

Respondent Name

Travelers Indemnity Co. of America

MFDR Tracking Number

M4-23-2359-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

May 19, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 21, 2022	Designated Doctor Examination 99456-W5-WP	\$650.00	\$0.00
	Designated Doctor Examination 99456-W5-MI	\$100.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$500.00	\$0.00
Total		\$1,250.00	\$0.00

Requestor's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED. THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$1,250.00

Respondent's Position

"The Carrier has reviewed the documentation and determined the Provider is entitled to reimbursement for the disputed services. Reimbursement for these services 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 ratings.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services prior to submission of the request for medical fee dispute. Per explanation of benefits dated July 7, 2023, the insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 5449 – Review of the submitted documentation does not substantiate the service billed.
- 3244 – The billing of the procedure code has exceeded the National Correct Coding Initiative Medically Unlikely Edits amount for the number of times this procedure can be billed on a date of service. An allowance has not been paid.

Issues

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

Findings

1. Dr. Goodwin was seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI), impairment rating, and the extent of the compensable injury with procedure codes 99456-W5-WP, 99456-W5-MI, and 99456-W6-RE.

After this medical fee dispute resolution request was submitted, the insurance carrier paid in full for procedure codes 99456-W5-WP and 99456-W6-RE. These services will not be considered in this dispute.

The insurance carrier denied payment for multiple impairment rating calculations, procedure code 99456-W5-MI. Therefore, this is the service considered in this dispute.

2. When multiple impairment ratings are required as a component of a designated doctor examination, 28 TAC §134.250(4)(B) states that the designated doctor shall be reimbursed \$50.00 for each additional impairment rating calculation.

Documentation supports that Dr. Goodwin found that the injured employee was not at MMI for two of the three scenarios considered, so no **additional** 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

August 11, 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. 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.