



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Donald Gwartney, D.C.

Respondent Name

Hartford Casualty Insurance Co.

MFDR Tracking Number

M4-23-3029-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

August 2, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 21, 2023	Designated Doctor Examination 99456-W5-WP	\$0.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$0.00	\$0.00
	Multiple Impairment Ratings 99456-W5-MI	\$50.00	\$0.00
Total		\$50.00	\$0.00

Requestor's Position

"DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION"

Amount in Dispute: \$50.00

Respondent's Position

"As indicated on original bill's EOR the DWC69 submitted for the compensable and non-compensable injuries indicate the IW is not at MMI. Since IW is not at MMI, no Impairment Rating has occurred. No payment will be made for 99456-MI if the injured worker's non-compensable injuries are deemed not at MMI as no additional impairment has been determined."

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:

- 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 are the services considered in this dispute?
2. Is Hartford Casualty Insurance Co.'s denial of payment supported?

Findings

1. Donald Gwartney, D.C. submitted this request for medical fee dispute resolution for a designated doctor examination with procedure codes 99456-W5-WP, 99456-W6-RE, and 99456-W5-MI. He is seeking \$0.00 for procedure codes 99456-W5-WP and 99456-W6-RE.

Dr. Gwartney is seeking \$50.00 for procedure code 99456-W5-MI, which represents multiple impairment rating calculations. This service is reviewed in this dispute.

2. The submitted documentation indicates that Dr. Gwartney was asked to address maximum medical improvement, impairment rating, and extent of injury. 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.

Dr. Gwartney addressed two scenarios for this evaluation. Submitted documentation indicates that Dr. Gwartney found that the injured employee was at MMI and assigned an impairment rating for one scenario. In the second scenario, he found that the injured employee was not at maximum medical improvement so no impairment calculation was provided. DWC finds that the insurance carrier's denial of payment was supported, so no reimbursement 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 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

		September 22, 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.