



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Daniel Schere, M.D.

**Respondent Name**

Travelers Casualty Insurance Co. of America

**MFDR Tracking Number**

M4-24-0126-01

**Carrier's Austin Representative**

Box Number 5

**DWC Date Received**

September 14, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 30, 2023	99456-W5-WP	\$650.00	\$00.00
March 30, 2023	99456-W6-RE	\$500.00	\$00.00
March 30, 2023	99456-W7-RE	\$250.00	\$00.00
March 30, 2023	99456-W5-MI	\$100.00	\$00.00
<b>Total</b>		<b>\$1,500.00</b>	<b>\$00.00</b>

### Requestor's Position

"The Designated Doctor Examination was ORDERED by the Texas Department of Insurance- Division of Workers Compensation and was performed per DWC Rule 127.10."

**Amount in Dispute:** \$1,500.00

### 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. With the reimbursement being issued, the Carrier contends the Provider is not entitled to additional reimbursement."

**Response submitted by:** Travelers

## 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 \(TAC\) §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.

### Adjustment Reasons

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

- 16 – Claim/service lacks information or has submission/billing errors which is needed for adjudication.
- 5449 – Review of the submitted documentation does not substantiate the service billed.
- W3 – Bill is a reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 29 – Time limit for filing has expired.

### Issues

1. Have any of the services in dispute received payment as of the date of this review?
2. Which services remain unpaid and in dispute?
3. What rules apply to the service in dispute?
4. Is the requestor entitled to additional reimbursement?

### Findings

1. A review of the submitted documentation finds that per the explanation of benefits (EOB) dated September 26, 2023, the insurance carrier allowed payment for the disputed date of service in the total amount of \$1,400.00 out of \$1,500.00 that was billed. It is noted that the payment was allowed after the requestor submitted a request for medical fee dispute resolution on September 14, 2023. The itemized allowances per the September 26, 2023, EOB are as follows:
  - 99456-W5-WP was allowed \$650.00 reimbursement out of \$650.00 charged
  - 99456-W6-RE was allowed \$500.00 reimbursement out of \$500.00 charged

- 99456-W7-RE was allowed \$250.00 reimbursement out of \$250.00 charged
  - 99456-W5-MI was allowed \$0.00 reimbursement out of \$100.00 charged
2. Based on the findings in number 1 above, the only line of service that remains unpaid is 99456-W5-MI x 2 units. Therefore, this is the only service that will be reviewed and adjudicated in this medical fee dispute.
  3. DWC finds that 28 TAC §134.250 applies to the reimbursement of the service in dispute.  
28 TAC §134.250, which sets out the fee guidelines for maximum medical improvement examinations and impairment ratings, states in pertinent part, "(3) The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT code 99456. Reimbursement shall be \$350. (4) The following applies for billing and reimbursement of an IR evaluation. (A) The health care provider shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the unit's column of the billing form. (B) 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."
  4. The requestor is seeking additional reimbursement in the amount of \$100.00 for 2 units of CPT code 99456-W5-MI, rendered on March 30, 2023.

The service in dispute is billed as CPT code 99456-W5-MI. CPT code 99456 indicates the service of a maximum medical improvement (MMI) and/or impairment rating (IR) examination by a doctor other than the treating doctor; modifier W5 indicates a designated doctor examination for impairment or attainment of MMI; modifier MI indicates multiple impairment rating calculations were completed.

A review of the submitted medical reports finds that the designated doctor submitted three DWC069 forms or Reports of Medical Evaluations. In one report, for the injured employee's accepted conditions, the designated doctor found the conditions to be at MMI and provided an impairment rating (IR) of those conditions. In the second and third reports, which included both disputed and accepted conditions, the designated doctor certified that the injured employee's conditions had not yet reached MMI. Because MMI had not been reached for those conditions, impairment ratings could not be calculated or provided.

DWC finds that only one IR was provided, which was included in the payment for the first line of service, CPT code 99456-W5-WP. Therefore, DWC finds that the requestor is not entitled to reimbursement for additional impairment ratings on the disputed date of service, March 30, 2023.

### 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 reimbursement in the amount of \$0.00 for the disputed services rendered on March 30, 2023.

### Authorized Signature

\_\_\_\_\_  
Signature

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

December 28, 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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).