



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Gregory Sheppard, D.C.

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-24-0274-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

October 4, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 31, 2022	Designated Doctor Examination 99456-W5-WP	650.00	\$0.00
	Specialty Report 99456-W5-SP	\$0.00	\$0.00
<b>Total</b>		<b>\$650.00</b>	<b>\$0.00</b>

### Requestor's Position

"THE CURRENT RULES ALLOW REIMBURSEMENT"

**Amount in Dispute:** \$650.00

### Respondent's Position

"Dr. Gregory Sheppard billed for a disability examination with CPT 99456-W5-Wp, however, the injured worker was determined to not be at MMI. Per rule 134.250(2)(A), if the injured worker has not reached MMI, modifier NM should be used."

**Response Submitted by:** Texas Mutual Insurance Company

## 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 §134.240](#) sets out the fee guidelines for designated doctors.
3. [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:

- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 892 – Denied in accordance with DWC Rules and/or medical fee guideline including current CPT code descriptions/instructions.
- Notes: "892,225 – WHEN BILLING 99456, PROVIDER MUST SUBMIT REQUIRED DWC69 FORM."

### Issues

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

### Findings

1. Dr. Sheppard is seeking additional reimbursement for a designated doctor examination performed on October 31, 2022. He is seeking \$0.00 for the incorporation of a specialist report. Therefore, this service will not be considered in this dispute. Dr. Sheppard is seeking \$650.00 for an examination to determine maximum medical improvement (MMI) and impairment rating. This examination will be considered in this dispute.

2. If the designated doctor determines that MMI has not been reached, the doctor is required by 28 TAC §§134.250(2)(A) and 134.240(1)(B) to bill the examination with CPT code 99456 using modifier "W5" and modifier "NM." The submitted documentation supports that Dr. Sheppard performed an evaluation of maximum medical improvement as ordered by DWC. Dr. Sheppard found that the injured employee was not at MMI. The documentation submitted to DWC indicates that Dr. Sheppard failed to bill the service in question in accordance with the fee guidelines. No reimbursement can be recommended.

When the designated doctor calculates an impairment rating, 28 TAC §§134.250(4)(A) and 134.240(1)(A) require the doctor to bill using CPT code 99456 with modifier "W5." When the examining doctor also performs the testing for impairment rating of musculoskeletal body areas, 28 TAC §134.250(4)(C)(iii) requires the examining doctor to add modifier "WP." Because the injured employee was not found at MMI, no impairment rating was provided. Because no impairment rating was calculated, no reimbursement can be recommended for this service.

### 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

December 8, 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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).