



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Karen Goodwin, D.C.

**Respondent Name**

Texas Council Risk Management Fund

**MFDR Tracking Number**

M4-24-1063-01

**Carrier's Austin Representative**

Box Number 43

**DWC Date Received**

January 16, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 21, 2023	Designated Doctor Examination 99456-W6-RE	\$500.00	\$500.00
<b>Total</b>		\$500.00	\$500.00

### Requestor's Position

"Carrier is required to pay designated doctor exams... The current rules allow reimbursement.

**Amount in Dispute:** \$500.00

### Respondent's Position

The Austin carrier representative for Texas Council Risk Management Fund is Sedgwick York Risk Services Group. The representative was notified of this medical fee dispute on January 23, 2024. Per 28 Texas Administrative Code §133.307 (d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## 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 §134.235](#) sets out the fee guidelines for examinations to determine extent of injury, return to work, and disability.
3. [28 TAC §134.240](#) sets out medical fee guidelines for designated doctor examinations.
4. [Texas Labor Code \(TLC\) §408.0041](#) sets out provisions of Designated Doctor examinations under the Texas Workers' Compensation Act.

### Denial Reasons

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

- 5083 - OP report/medical records are required for review, please re-submit bill with proper information for further processing.
- 5141 - Bill has been reviewed by a nurse or under the direction of a nurse.
- 16 - Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 252 – An attachment/other documentation is required to adjudicate this claim/service.
- N706 - Missing documentation.
- M23 – Missing invoice.

### Issues

1. What rules apply to the services in dispute?
2. Is the requestor entitled to reimbursement?

### Findings

1. This medical fee dispute involves an examination by a designated doctor for the purpose of determining the extent of the employee's compensable injury.

Designated Doctor examinations are addressed under Texas Labor Code (TLC) §408.0041. TLC §408.0041 states in pertinent part, "DESIGNATED DOCTOR EXAMINATION.

(a) At the request of an insurance carrier or an employee, or on the commissioner's own

order, the commissioner may order a medical examination to resolve any question about:

- (1) the impairment caused by the compensable injury;
- (2) the attainment of maximum medical improvement;
- (3) the extent of the employee's compensable injury;
- (4) whether the injured employee's disability is a direct result of the work-related injury;
- (5) the ability of the employee to return to work; or
- (6) issues similar to those described by Subdivisions (1)-(5) ...

(h) The insurance carrier shall pay for:

- (1) an examination required under Subsection (a), (f), or (f-2), unless otherwise prohibited by this subtitle or by an order or rule of the commissioner;"

28 TAC §134.235, which applies to the billing and reimbursement of the services in dispute, states, "The following shall apply to return to work (RTW)/evaluation of medical care (EMC) examinations. When conducting a division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT code 99456 with modifier 'RE.' In either instance of whether maximum medical improvement/ impairment rating (MMI/IR) is performed or not, the reimbursement shall be \$500 in accordance with §134.240 of this title and shall include division-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee."

DWC finds that 28 TAC §134.240 applies to the services in dispute and states "The following shall apply to designated doctor examinations:

(1) Designated doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041, and 408.151 and division rules, and shall be billed and reimbursed as follows:

(A) Impairment caused by the compensable injury shall be billed and reimbursed in accordance with §134.250 of this title, and the use of the additional modifier 'W5' is the first modifier to be applied when performed by a designated doctor;

(B) Attainment of maximum medical improvement shall be billed and reimbursed in accordance with §134.250 of this title, and the use of the additional modifier 'W5' is the first modifier to be applied when performed by a designated doctor;

(C) Extent of the employee's compensable injury shall be billed and reimbursed in accordance with §134.235 of this title, with the use of the additional modifier 'W6'.

(D) Whether the injured employee's disability is a direct result of the work-related injury shall be billed and reimbursed in accordance with §134.235 of this title, with the use of the additional modifier 'W7'.

(E) Ability of the employee to return to work shall be billed and reimbursed in accordance with §134.235 of this title, with the use of the additional modifier 'W8'..."

2. The requestor, Karen Goodwin, D.C., is seeking reimbursement in the amount of \$500.00 for an examination rendered on June 21, 2023, for the purpose of determining the extent of the injured employee's compensable injury. A review of the medical bills submitted finds that the requestor billed the disputed service under CPT code 99456-W6-RE in accordance with 28 TAC §134.235 and 28 TAC §134.240.

A review of the submitted documentation finds that Karen Goodwin, D.C., performed examinations to determine the extent of the compensable injury. According to 28 TAC §134.235, the MAR for such examinations is \$500.00. Therefore, the total allowable reimbursement for the service in question is \$500.00.

DWC finds that the requestor, Karen Goodwin, D.C. is entitled to reimbursement in the amount of \$500.00 for CPT code 99456-W6-RE rendered on June 21, 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 established that reimbursement is due in the amount of \$500.00.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Texas Council Risk Management Fund must remit to Karen Goodwin, D.C. \$500.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
April 18, 2024  
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).