



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

GILBERT C. BLACKWELL, DC

Respondent Name

ARCH INSURANCE CO

MFDR Tracking Number

M4-24-1343-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 16, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 18, 2023	99456-W5-WP Designated Doctor Examination (MMI and IR)	\$202.50	\$202.50
Total		\$202.50	\$202.50

Requestor's Position

"On 11-18-2023 Dr. Balckwell performed a Designated Doctor Exam for the billed amount of \$500 for CPT 99456. The insurance company sent a payment of \$297.50. A reconsideration was sent through certified mail for the additional amount of \$202.50. The insurance denied payment."

Amount in Dispute: \$202.50

Respondent's Position

The Austin carrier representative for ARCH Insurance Co is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on February 21, 2024. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under 28 TAC §133.307(d)(1).

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 §[134.240](#) sets out the procedures involving designated doctor examinations.
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:

- 252 – Attachment required to adjudicate claim/service.
- 252 – The recommended allowance is based on the value for services performed by a licensed non-physician practitioner.
- 4150 – An allowance has been paid for designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment cause by the compensable was also perf.
- TXP12 – Workers' Compensation Jurisdictional Fee Schedule adjustment.
- 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.
- 1014 – The attached billing has been re-evaluated at the request of the provider, based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement for a designated doctor exam for Maximum Medical Improvement (MMI) and Impairment examination rating (IR) using the DRE method performed on November 18, 2023.

Per 28 TAC §§134.250 (3)(C) and 134.240 (1)(B), the examining doctor is required to bill an examination to determine maximum medical improvement with CPT code 99456 and modifier "W5."

The submitted documentation supports that Gilbert Chad Blackwell, DC performed an evaluation of maximum medical improvement as ordered by DWC. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

When the examining doctor calculates an impairment rating, 28 TAC §§134.250 (4)(A) and 134.240 (1)(A) require the doctor to bill with CPT code 99456 and 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."

A review of the submitted documentation finds that Gilbert Chad Blackwell, DC performed an impairment rating evaluation using the DRE method.

28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating for musculoskeletal body areas.

28 TAC §134.250 (4)(C)(ii) states the MAR for the evaluation of a musculoskeletal body area determined using the DRE method is \$150.00.

The total MAR for the disputed examination is \$500.00. A review of the explanation of benefits dated December 18, 2023, supports that a check in the amount of \$297.50 was issued on December 21, 2023. The requestor is seeking an additional payment in the amount of \$202.50. This amount 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 requester has established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that ARCH INSURANCE CO must remit to GILBERT CHAD BLACKWELL, DC \$202.50 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

June 5, 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. 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, call CompConnection at 1-800-252-7031, option 3 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 3 o correo electronico CompConnection@tdi.texas.gov.