



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Jeff Cunningham, D.C.

**Respondent Name**

National American Insurance Co.

**MFDR Tracking Number**

M4-24-2140-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

June 4, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 13, 2024	Designated Doctor Examination 99456-W5-WP	\$350.00	\$0.00

### Requestor's Position

"The carrier ignored the first bill that was sent, which was on March 14, 2024. It was then resubmitted on April 30, 2024, and it was again ignored by the carrier. The bill that was submitted had a billing error, in that it should have been for \$350, as the worker was not at MMI. I am requesting full reimbursement for this fee, as well as interest."

**Amount in Dispute:** \$350.00

### Respondent's Position

"... the carrier has date stamped the original bill as received March 15, 2024 for DOS 3/13/2024. Box 24D of the CMS1500 form has the HCP billing: 99456-W5-WP in the amount of \$600. However, the DWC69 form submitted (as well as page 8 of the narrative), indicates the IW was not at MMI. The original EOR ... shows the denial of the bill with reason codes 16 (Svc lacks info needed or has billing error(s) and 4 (Procedure code inconsistent with modifier used). There was also a line comment informing the HCP that the wrong modifiers were billed for the determination made.

"The Respondent/Carrier also received the faxed rebill on April 30, 2024 ... This second submission was not submitted as a reconsideration and was processed, correctly, as a duplicate."

**Response Submitted by:** CorVel

## 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, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for designated doctor examinations performed prior to June 1, 2024.
3. [28 TAC §134.250, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating performed prior to June 1, 2024.

### Denial Reasons

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

- 16 – Svc lacks info needed or has billing error(s)
- 4 – Procedure code inconsistent with modifier used
- Notes: "PLEASE USE CORRECT MODIFIERS FOR BILLING NOT AT MMI EXAM."
- 18 – Duplicate Claim/Service
- R1 – Duplicate Billing

### Issues

1. Is National American Insurance Co.'s denial based on billing errors supported?

### Findings

1. Jeff Cunningham, D.C. is seeking reimbursement for a designated doctor examination to determine if the injured employee had reached maximum medical improvement (MMI). Dr. Cunningham found that the injured employee had not reached MMI at the time of the examination.

National American Insurance Co. denied the service in question stating, "Svc lacks info needed or has billing error(s)," and "PLEASE USE CORRECT MODIFIERS FOR BILLING NOT AT MMI EXAM."

If the designated doctor determines that maximum medical improvement 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."

Review of the submitted documentation does not support that Dr. Cunningham billed the examination in question in accordance with 28 TAC §§134.250(2)(A) and 134.240(1)(B). Therefore, the insurance carrier's denial reason is supported, and 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 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

July 11, 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 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).