



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### General Information

**Requestor Name**

Richard Lawrence, M.D.

**Respondent Name**

AIU Insurance Co.

**MFDR Tracking Number**

M4-24-2331-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

April 23, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 27, 2023	Designated Doctor Examination 99456-W5-WP	\$950.00	\$950.00
	99456-W8-RE	\$500.00	\$500.00
<b>Total</b>		<b>\$1,450.00</b>	<b>\$1,450.00</b>

### Requestor's Position

"CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS... THE CURRENT RULES ALLOW REIMBURSEMENT."

**Amount in Dispute:** \$1,450.00

### Respondent's Position

The Austin carrier representative for AIU Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on June 26, 2024. Per 28 Texas Administrative Code §133.307 (d)(1), if the 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 §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
3. [28 TAC §134.235](#) sets out the fee guidelines for examinations to determine extent of injury, return to work, and disability.

### Adjustment Reasons

- 247 - A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service.
- N111 - No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.

### Issues

1. Have the services in dispute received payment as of the date of this review?
2. What rules apply to the services in dispute?
3. Is the requestor entitled to reimbursement?

### Findings

1. According to the requestor's Medical Fee Dispute Resolution (MFDR) Request form DWC060 the services in dispute have not received payment in any amount as of the date of this review.  
A review of the documentation submitted finds no evidence of payment made to the requestor from the insurance carrier for the designated doctor services in dispute rendered on October 27, 2023. The insurance carrier has not responded to this MFDR request as of the date of this review.  
DWC finds that the services in dispute have not received payment as of the date of this review.
2. This medical fee dispute involves non-payment of an examination by a designated doctor for the purpose of establishing: if maximum medical improvement (MMI) has been reached; what date MMI was reached if applicable; to provide impairment ratings (IR) if MMI has been reached; and to evaluate the ability of the employee to return to work.

On the disputed date of service, the requestor billed \$1,450.00 for CPT codes 99456-W5-WP x 3 units, and 99456-W8-RE.

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 the examination was performed by a designated doctor. Modifier WP indicates that the same examining doctor performed the MMI examination and the IR testing of the musculoskeletal body area(s), thus reimbursement shall be 100 percent of the total maximum allowable reimbursement (MAR).

CPT code 99456-W8-RE indicates the service of an evaluation by a designated doctor to determine the ability of the employee to return to work.

DWC finds that 28 TAC §134.250 applies to the reimbursement of the MMI and IR services 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... (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.

(i) Musculoskeletal body areas are defined as follows:

- (I) spine and pelvis;
- (II) upper extremities and hands; and
- (III) lower extremities (including feet).

(ii) The maximum allowable reimbursement (MAR) for musculoskeletal body areas shall be as follows:

- (I) \$150 for each body area if the diagnosis related estimates (DRE) method found in the AMA Guides fourth edition is used.
- (II) If full physical evaluation, with range of motion, is performed: (-a-) \$300 for the first musculoskeletal body area; and (-b-) \$150 for each additional musculoskeletal body area.

(iii) If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier 'WP.' Reimbursement shall be 100 percent of the total MAR.

(D) Non-musculoskeletal body areas shall be billed and reimbursed using the appropriate CPT code(s) for the test(s) required for the assignment of IR.

(i) Non-musculoskeletal body areas are defined as follows:

- (I) body systems;
- (II) body structures (including skin); and
- (III) mental and behavioral disorders..."

28 TAC §134.235, which applies to the billing and reimbursement of some 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.”

3. The requestor is seeking reimbursement in the amount of \$1,450.00 for an examination by a designated doctor rendered on October 27, 2023.

The submitted documentation supports that the requestor, a designated doctor, performed an evaluation of maximum medical improvement (MMI) as ordered by DWC. Per 28 TAC §134.250 (3)(C), the maximum allowable reimbursement (MAR) for this examination is \$350.00.

A review of the submitted documentation additionally finds that the requestor performed impairment rating (IR) evaluations of three musculoskeletal body areas, the spine, an upper extremity and a lower extremity, utilizing range of motion measurements. The rule at 28 TAC §134.250 (4)(C)(ii) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00. The MAR for the evaluation of each additional musculoskeletal body area is \$150.00 each area. Per 28 TAC §134.250 (3)(C), the maximum allowable reimbursement (MAR) for impairment ratings in this examination is \$600.00.

The submitted documentation also supports that the requestor provided an evaluation to determine the ability of the injured worker to return to work. The MAR for an evaluation of this type is \$500.00 in accordance with 28 TAC §134.235.

DWC finds that the reimbursements which apply to the disputed examination rendered on October 27, 2023, are:

- For an MMI examination, reimbursement is \$350.00.
- For an IR of the first musculoskeletal body area with range of motion, reimbursement is \$300.00.
- For an IR of the second musculoskeletal body area, reimbursement is \$150.00.
- For an IR of the third musculoskeletal body area, reimbursement is \$150.00.
- For the evaluation to determine the injured worker’s ability to return to work, reimbursement is \$500.00.
- DWC finds that the total maximum allowable reimbursement for the examination in question, rendered on October 27, 2023, is \$1,450.00.
- No evidence was submitted to support that the insurance carrier has made a payment in any amount for the disputed services.

DWC finds that reimbursement in the amount of \$1,450.00 is due for the services in dispute.

### 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 in the amount of \$1,450.00 is due.

## 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 AIU Insurance Co. must remit to Richard Lawrence, M.D. \$1,450.00 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

\_\_\_\_\_  
October 9, 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).