TDI Division of Workers' Compensation
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name
Judith-Ann Knowles, D.C.

Respondent Name
Standard Fire Insurance Co.

MFDR Tracking Number
M4-24-2370-01

Carrier's Austin Representative
Box Number 5

DWC Date Received
June 25, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 12, 2024	Designated Doctor Examination 99456-W5-WP	$800.00	$150.00
March 12, 2024	99456-W6-RE	$500.00	$0.00
March 12, 2024	99456-W5-MI	$50.00	$0.00
	Total	$1,350.00	$150.00

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: $1,350.00

Respondent's Position

"The Carrier has reviewed the documentation and determined that the Provider is entitled to reimbursement. Reimbursement for these services is being issued in accordance with the Texas Workers' Compensation Act and adopted Rules of the Division of Workers' Compensation. With the reimbursement being issued, the Carrier contends the Provider is not entitled to additional reimbursement."

Submitted by: Travelers

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.

Adjustment Reasons

- P12 – WORKERS' COMPENSTION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 863 - REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.
- 309 - THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
- 4150 - AN ALLOWANCE HAS BEEN PAID FOR A 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 CAUSED BY THE COMPENSABLE INJURY WAS ALSO PERFORMED.

Issues

1. Has the insurance carrier reimbursed the requestor for the designated doctor examination services in dispute, as of the date of this review?
2. What disputed services will be reviewed and adjudicated?
3. What rules apply to the service in dispute?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor, a designated doctor, submitted a medical fee dispute resolution (MFDR) request for reimbursement of a designated doctor examination rendered on March 12, 2024.

   A review of the submitted documents finds an explanation of benefits (EOB) dated July 12, 2024, with a check attached, allowing reimbursement for the disputed services in the total amount of $1,200.00 out of the $1,350.00 that was charged for the designated doctor examination. Per the EOB, the insurance carrier allowed reimbursement in the following line-item amounts:

   - For 99456-W5-WP the insurance carrier allowed reimbursement in the amount of $650.00 out of $800.00 charged.

- For 99456-W6-RE the insurance carrier allowed reimbursement in the amount of $500.00 out of $500.00 charged.
- For 99456-W5-MI the insurance carrier allowed reimbursement in the amount of $50.00 out of $50.00 charged.

A review of the documentation submitted also finds a check from the insurance carrier to the requestor in the amount of $17.71 dated July 12, 2024, with no explanation attached.

The above payments were confirmed per email correspondence to the Division, from the requestor.

DWC finds that the services in dispute have been reimbursed in the total amount of $1,217.71 as of the date of this review.

2. Because the disputed CPT codes 99456-W6-RE and 99456-W5-MI have received payment for charges in full as of the date of this review, DWC will review and adjudicate only for the disputed CPT code 99456-W5-WP, which received reduced reimbursement.

3. This medical fee dispute involves 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; and to provide impairment ratings (IR) if MMI has been reached.

   On the disputed date of service, the requestor billed $800.00 for CPT code 99456-W5-WP. 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).

   DWC finds that 28 TAC §134.250 applies to the reimbursement of the service 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…

(v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be $150…"

4. The requestor, Judith-Ann Knowles, D.C., is seeking additional reimbursement for a designated doctor examination rendered on March 12, 2024.

   A review of the medical bills and medical record submitted finds that the requestor's charges for the services rendered are in accordance with 28 TAC §134.250, which sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

   The submitted medical record supports that Dr. Knowles, 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 medical record additionally finds that Dr. Knowles performed an impairment rating (IR) evaluation of two musculoskeletal body areas, with range of motion. 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 subsequent musculoskeletal body areas is $150.00 each. The requestor assigned an impairment rating utilizing range of motion for two musculoskeletal body areas. The total allowable reimbursement for the impairment rating of two musculoskeletal body areas with range of motion testing is $450.00

   In accordance with 28 TAC §134.250, the reimbursements which apply to the disputed examination rendered on March 12, 2024, 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 a second musculoskeletal body area, reimbursement is $150.00.
   - DWC finds that the total maximum allowable reimbursement for the examination in question is $800.00.
   - The insurance carrier paid $650.00 for line-item CPT code 99456-W5-WP.
   - Additional reimbursement in the amount of $150.00 is recommended.

DWC finds that additional reimbursement in the amount of $150.00 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 additional reimbursement in the amount of $150.00 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 Standard Fire Insurance Co. must remit to Judith-Ann Knowles, D.C. $150.00 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	September 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. 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.

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.