



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Judith-Ann Knowles, D.C.

Respondent Name

ACE American Insurance Co.

MFDR Tracking Number

M4-24-2522-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

July 17, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 5, 2024	Designated Doctor Examination 99456-NM	\$99.00	\$99.00

Requestor's Position

The 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: \$99.00

Respondent's Position

"ESIS Med Bill Impact's Bill Review Department reviewed the above mentioned date of service and found that the provider was not due additional money. It has been determined that ESIS Med Bill Impact will stand on the original recommendation of \$350.00.

"Original review processed at the correct rate for a Maximum Medical Improvement exam when claimant is not at MMI."

Response Submitted by: ESIS Disputes Team PR

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 §134.210, effective June 1, 2024, 49 TexReg 1489](#), provides the fee guidelines for workers' compensation specific services.
3. [28 TAC §134.240, effective June 1, 2024, 49 TexReg 1489](#), sets out the fee guidelines for designated doctor examinations.

Denial Reasons

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

- 1 – Charge exceeds Fee Schedule allowance (222)
- 2 – Not at maximum medical improvement (459)
- 3 – P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 4 – A technical Bill Review (TBR) has been performed. (ETBR)

Issues

1. Is Judith-Ann Knowles, D.C. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Knowles is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) performed on June 5, 2024.

Per 28 TAC §134.240(d), "When conducting a designated doctor examination, the designated doctor must bill, and the insurance carrier must reimburse, using CPT code 99456 and with the modifiers and rates specified in subsections (d)(1) - (7)."

28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)." No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question.

The doctor certified that the injured employee was not at MMI. Therefore, the total allowable reimbursement for the examination in question is \$449.00. Per explanation of benefits dated June 28, 2024, the insurance carrier paid \$350.00. An additional reimbursement of \$99.00 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 established that additional reimbursement of \$99.00 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 ACE American Insurance Co. must remit to Judith-Ann Knowles, D.C. \$99.00 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

August 7, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.