



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Andrew Ray Garcia, D.C.

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-24-2715-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

August 10, 2024

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|--|-------------------|------------|
| May 3, 2024 | Designated Doctor Examination 99456-W5-WP | \$950.00 | \$0.00 |
| Total | | \$950.00 | \$0.00 |

Requestor's Position

"Please review... and reconsider additional payment for the charged amount of \$1563.00.00 [sic] on line 1 (CPT 99456 W5WP). This line represents the charge for the Maximum Medical Improvement evaluation and the Impairment Rating evaluation for three regions of the body and an additional \$950.00 is still due."

Amount in Dispute: \$950.00

Respondent's Position

"In review of the DWC-069... the designated doctor indicates that the employee has NOT reached MMI, this is also supported in the attached medical narrative ...the designated doctor is billing 99456-W5-WP. The healthcare provider should be billing with a more appropriate modifier."

Submitted by: Texas Mutual Insurance Co.

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' Compensation jurisdictional fee schedule adjustment.
- CAC-4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 732 – Accurate coding is essential for reimbursement. Modifier billed incorrectly or missing. Services are not reimbursable as billed.
- 892 – Denied in accordance with DWC Rules and/or medical fee guideline including current CPT code descriptions/instructions.

Issues

1. Is the insurance carrier's denial reason supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. 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.

Per the medical bill submitted, on the disputed date of service, the requestor billed for the designated doctor examination under 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).

A review of the explanation of benefits (EOB) document submitted finds that the insurance carrier denied reimbursement for the disputed service based on a missing or incorrect modifier.

A review of the medical records and the Report of Medical Evaluation (DWC069) submitted find that the designated doctor, Dr. Garcia, determined that the employee's injuries had not reached MMI and therefore an impairment rating could not be provided.

28 TAC §134.250 (2)(A), which applies to the service in dispute, states, "If the examining doctor, other than the treating doctor, determines MMI has not been reached, the MMI evaluation portion of the examination shall be billed and reimbursed in accordance with paragraph (3) of this section. Modifier 'NM' shall be added." Paragraph 3 of this section states in pertinent part, "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."

Because the employee's injuries had not yet reached MMI and the designated doctor examination service was not billed in accordance with 28 TAC §134.250 (2)(A), using the appropriate modifier "NM", DWC finds that the insurance carrier's denial reason is supported.

2. The requestor, Andrew Ray Garcia, D.C., is seeking reimbursement in the amount of \$950.00 for a designated doctor examination rendered on May 3, 2024.

Because the insurance carrier's denial reason is supported, DWC finds that the requestor is not entitled to additional reimbursement.

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 additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement in the amount of \$0.00.

Authorized Signature

September 5, 2024

Signature

Medical Fee Dispute Resolution Officer

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 electrónico CompConnection@tdi.texas.gov.