



# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requestor Name**

Trenton D. Weeks, D.C.

**Respondent Name**

Federal Insurance Co.

**MFDR Tracking Number**

M4-24-2767-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

August 8, 2024

## Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 15, 2023	Examination to Determine Maximum Medical Improvement, Impairment Rating, and Extent of Injury – 99456	\$500.00	\$0.00

## Requestor's Position

"This examination was performed for the purpose of determining MMI and Impairment as it related to the work injury ... This billed examination was 1 evaluation addressing 2 issues (MMI/IR and EOI) ... The MMI portion of this examination was billed for **\$350.00** using appropriate CPT Code 99456. The IR testing of this examination was billed for **\$300.00**.

"\$300 for the first musculoskeletal body area; if full physical evaluation, with range of motion, is performed. (redacted).

"The appropriate modifier 'WP' was applied.

Extent of Injury was billed for **\$500.00** using appropriate CPT Code 99456 with modifier 'W6, RE'."

**Amount in Dispute:** \$500.00

## Respondent's Position

"Upon notification of the dispute, CorVel performed an in-depth review of the services in question for date of service 11/15/2023. The Requestor has not billed correctly and that was the reason for denial ...

"The Requestor submitted their bill with 99456-WP for \$650 and 99456-RE-W6 for \$500, DOS 11/15/2023. HCP was paid \$650 for 99456-WP, but 99456-RE-W6 was denied as only a Designated Doctor can bill with modifier MI [as per rule 134.204(n)(21) listed above]. CARC code 4 ( Line comment informed the HCP of this information and indicated to corrected coding. Upon request for reconsideration, the HCP did not correct coding, as such denial for this line was maintained."

**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 §134.235, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine the extent of the compensable injury with dates of service prior to June 1, 2024.
3. [28 TAC §134.240, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for designated doctor examinations.
4. [28 TAC §134.250, effective July 7, 2016, 41 TexReg 4839](#) sets out the fee guidelines for examinations to determine maximum medical improvement with dates of service prior to June 1, 2024.

### Denial Reasons

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

- 6 – 100% of Allwable Charges
- 4 – Procedure code inconsistent with modifier used
- 18 – Duplicate Claim/Service
- R1 – Duplicate Billing
- Notes: "Per rule 134.240, only a Designated Doctor can bill with modifiers W5-W9.

This is not a DD exam.”

### Issues

1. Is Trenton D. Weeks, D.C. entitled to additional reimbursement?

### Findings

1. Dr. Weeks is seeking additional reimbursement for an examination to determine maximum medical improvement (MMI), impairment rating (IR), and the extent of the compensable injury.

The submitted documentation supports that Dr. Weeks performed an evaluation of MMI. 28 TAC §134.250(3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Review of the submitted documentation finds that Dr. Weeks performed impairment rating evaluations of an upper extremity with range of motion testing. 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.

Dr. Weeks billed procedure code 99456-RE-W6 for the examination to determine the injured employee’s ability to return to work. Per 28 TAC §134.235, an examination to determine return to work is billed using CPT code 99456 with modifier “RE” only when the examination was requested by the DWC or the insurance carrier. Per 28 TAC §134.240(1)(C) indicates that modifier “W6” is restricted to use by designated doctors. No evidence was received to support that the examination in question was a designated doctor examination or that it was requested by DWC or the insurance carrier. No reimbursement is recommended for this service.

The total allowable reimbursement for the examination in question is \$650.00. Per explanation of benefits dated December 18, 2023, this amount was paid in full. No additional 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 additional 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

October 10, 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).