



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Alexis Dobson, D.C.

Respondent Name

Starr Specialty Insurance Co.

MFDR Tracking Number

M4-24-2963-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 28, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 15, 2024	Designated Doctor Examination 99456-W5-WP	\$150.00	\$150.00
February 15, 2024	99456-W8-RE	\$0.00	\$0.00
Total		\$150.00	\$150.00

Requestor's Position

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

Amount in Dispute: \$150.00

Respondent's Supplemental Position

"Respondent's position is that the reductions are accurate and consistent with the Texas Workers' Compensation Medical Fee Guidelines. The total paid amount of \$1,150.00 reflects proper application of the fee schedule adjustments for the 99456-W5 code, which had a reduction."

Response Submitted by: Flahive, Ogden & Latson

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

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

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- N600 - Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- 1014 - The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 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.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. What rules apply to the service in dispute?
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. A review of the submitted documentation and information available to DWC, finds that the designated doctor was asked to provide MMI and IR of two musculoskeletal body areas, considering only the accepted compensable conditions.

On the disputed date of service, the requestor billed \$800.00 for 2 units of 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 that the examination was performed by a DWC 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."

2. The requestor, Dr. Dobson, is seeking additional reimbursement in the amount of \$150.00 for a designated doctor examination to determine maximum medical improvement and impairment rating.

The submitted documentation supports that Dr. Dobson, 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 supports that Dr. Dobson performed an impairment rating (IR) evaluation utilizing range of motion testing of one musculoskeletal body area, the upper extremity. 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 requestor assigned impairment ratings utilizing range of motion for one musculoskeletal body area. The total allowable reimbursement for the impairment rating of a musculoskeletal body area utilizing range of motion testing for this dispute is \$300.00.

Additionally, the submitted medical records support that Dr. Dobson performed an impairment rating examination of one non-musculoskeletal body area, the (redacted). 28 TAC §134.250(4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each.

Examination 99456-W5-WP February 15, 2024	AMA Chapter	§134.250 Category	Reimbursement Amount
MMI			\$350.00
IR: upper extremity with ROM	Musculoskeletal System	Upper Extremity	\$300.00
IR:(redacted)	(redacted)	Non-musculoskeletal Body structure	\$150.00
MAR			\$800.00

DWC finds that the total allowable reimbursement for the examination in question is \$800.00. Per explanation of benefits dated February 29, 2024, the insurance carrier paid \$650.00 for the disputed service rendered on February 15, 2024. Therefore, DWC finds that Dr. Dobson is entitled to additional reimbursement in the amount of \$150.00 for the disputed CPT code 99456-W5-WP x 2 units rendered on February 15, 2024.

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 Starr Specialty Insurance Co. must remit to Alexis Dobson, 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

October 1, 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 electrónico CompConnection@tdi.texas.gov.