



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Cara Cerrone, D.C.

Respondent Name

Middlesex Insurance Co.

MFDR Tracking Number

M4-25-0031-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 3, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 22, 2024	Designated Doctor Examination 99456-W5	\$385.00	\$385.00

Requestor's Position

"On the original bill, CPT code 9956[sic] with modifier W5 was billed to indicate the designated doctor exam for MMI and IR. According to the newest rules beginning June 01, 2024, this is the correct way to bill/indicate an exam in which the designated doctor did put the claimant at MMI and determined that they did have an IR. The insurance company reimbursed the correct amount for the MMI portions which is \$449 but they did not reimburse the IR. An additional \$385 is still currently owed to Dr. Cerrone."

Amount in Dispute: \$385.00

Respondent's Position

" They are appealing the payment for CPT 99456-W5 which was billed with 1 unit for \$1077.00 ... When the provider is billing for the IR the number of units should reflect the number of MSK body areas examined ... the provider should be billing the MMI and IR on separate lines with the appropriate units. We reimbursed the provider for \$449 for the MMI exam as billed with 1 unit."

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 §134.240](#), 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:

- A90 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Is Cara Cerrone, D.C. entitled to additional reimbursement?

Findings

1. Dr. Cerrone is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement (MMI), and impairment rating (IR). Per explanations of benefits dated August 7, 2024, and August 23, 2024, Middlesex Insurance Co. reduced payment based on fee guidelines.

28 TAC §134.240(d) states, "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).

- (3) MMI. MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W5.'
- (4) IR. For IR examinations, the designated doctor must bill, and the insurance carrier must reimburse, the components of the IR evaluation. The designated doctor must apply the additional modifier 'W5.' Indicate the number of body areas rated in the unit's column of the billing form."

In its position statement, the insurance carrier stated, "the provider should be billing the MMI and IR on separate lines with the appropriate units." DWC finds no such requirement in 28 TAC §134.240.

28 TAC §134.240(d)(4)(A)(ii)(I) states, "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)."

DWC finds that the submitted documentation supports that Dr. Cerrone found the injured employee to be at MMI and determined an IR for one musculoskeletal body area. Therefore, the doctor is entitled to reimbursement of \$834.00. Per explanation of benefits dated August 7, 2024, the insurance carrier paid \$449.00 for the service in question. An additional reimbursement of \$385.00 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 \$385.00 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 Middlesex Insurance Co. must remit to Cara Cerrone, D.C. \$385.00 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 24, 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.