



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Carol Janine Miller, D.C.

Respondent Name

FCCI Insurance Co.

MFDR Tracking Number

M4-25-0165-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

September 20, 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

"The injured worker was scheduled for a Designated Doctor examination as per the DWC032 dated 06/21/2024. The appointment took place on 07/22/2024 and the complete/clean bill was submitted to the carrier for reimbursement on 07/26/2024. According to the EOB received on 08/22/2024, the claim was being denied for 'P12 – WORKERS' COMPENSATION JURSDICTIONAL FEE SHCEDULE ADJUSTMENT.' [sic]

"On 08/22/2024, MET submitted a request for reconsideration with proof of timely submission and the reason(s) why MET stands by the claim as being complete and accurate. Apparently, the payor does not agree and has since issued a final decision to deny the request for payment."

Amount in Dispute: \$385.00

Respondent's Position

The Austin carrier representative for FCCI Insurance Co. is Burns Anderson Jury & Brenner. The representative was notified of this medical fee dispute on September 24, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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](#) 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:

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- Notes: "The provider is appealing the previous re-evaluation, and requesting additional payment for the above procedure code(s). No significant, additional documentation or information regarding this claim has been submitted by the provider. The same questions proposed by the provider were previously addressed by us and, therefore, our recommendation as stated in the previous re-evaluation remains unchanged."

Issues

1. Is Carol Janine Miller, D.C. entitled to additional reimbursement?

Findings

1. Dr. Miller is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR).

Documentation submitted with this dispute supports that Dr. Miller determined that the injured employee had reached MMI and performed an IR evaluation of the upper extremity. Per 28 TAC §134.240(d)(2)(C), "If the designated doctor determines MMI has been reached and an IR evaluation is performed, both the MMI evaluation and the IR evaluation portions of the examination must be billed and reimbursed in accordance with subsection (d) of this section."

28 TAC §134.240(d)(3) states, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W5.'"

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 total allowable reimbursement for the examination in question is \$834.00. Per explanation of benefits dated August 6, 2024, the insurance carrier paid \$449.00. 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 FCCI Insurance Co. must remit to Carol Janine Miller, 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

January 28, 2025

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.