



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kimberly Farrington, D.C.

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-25-0227-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

September 25, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 16, 2024	Designated Doctor Examination 99456-W5	\$449.00	\$0.00

Requestor's Position

"The carrier will not pay the MMI and Impairment portion of the Examination"

Amount in Dispute: \$449.00

Respondent's Position

"... per the TWCC-69 included in the DWC-60 packet, the injured employee has not reached MMI as of the date of the exam, therefore, according to TAC 134.240(d)(2)(A), modifier NM should have been added ... Our position is that no additional payment is due."

Response Submitted by: Texas Mutual Insurance Company

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 denied the payment for the disputed services with the following claim adjustment codes:

- CAC-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.
- Notes: "892: 892-Documentation supports DD exam, no assignment number listed in field 23. Review for modifier for result of exam is not at MMI."
- CAC-193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- DC4 – No additional reimbursement allowed after reconsideration.
- Notes: "Review for modifier for result of exam is not at MMI."

Issues

1. Is Texas Mutual Insurance Company's denial of payment for the examination in question supported?

Findings

1. Dr. Farrington is seeking reimbursement for an examination to to determine maximum medical improvement (MMI). The insurance carrier denied payment, in part, based on modifier usage.

The submitted documentation indicates that Dr. Farrington determined that the injured employee was not at MMI. 28 TAC §134.240(d)(2)(A) states, "If the designated doctor determines that MMI has not been reached, the MMI evaluation portion of the examination must be billed and reimbursed in accordance with subsection (d) of this section. The designated doctor must add modifier 'NM.'"

No evidence was found to indicate that the requestor billed for the examination in question with modifier "NM." Therefore, DWC finds that the insurance carrier's denial of payment is supported. No 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 reimbursement for the service in question 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

_____	_____	November 15, 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 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.