



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Edward W. Smith, D.O.

Respondent Name

City of Plano

MFDR Tracking Number

M4-25-0258-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

September 27, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 13, 2024	Designated Doctor Examination 99456-W5	\$0.00	\$0.00
	Designated Doctor Examination 99456-W5-WP	\$192.00	\$0.00
	Designated Doctor Examination 99456-W6-RE	\$642.00	\$0.00
	Designated Doctor Examination 99456-W7-RE	\$642.00	\$0.00
Total		\$1,476.00	\$0.00

Requestor's Position

"Carrier partially reimbursed DD for services and improperly declined to pay for all services requested, ordered, and provided according to DWC Rules 28 TAC Chapter 134 ... A Reconsideration Request was submitted on 8/1/2024 ... No EOB Received

"All submitted charges and coding conform to DWC Rules 28 TAC Chapter 134.
The original claim form was properly coded and submitted in a timely fashion to the carrier.

"Summary of services provided for the examination:

Service	Fee (see note)	TAC Rule(s)
MMI determination (non-complex exam)	\$449	134.240(d)(3)
Impairment rating: one body areas rated; none were MSK	\$192	134.240(d)(4)(B)(iii)
EOI (Extent of Injury): modifier W6	\$642	134.240(d)(5)
Disability: modifier W7	\$642	134.240(d)(6)

Amount in Dispute: \$1,476.00

Respondent's Position

"Effective with DOS 6/1/2024 and later, the DWC has updated billing and payment rules for DD exams ... modifiers WP and RE are no longer valid."

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 §134.210, effective June 1, 2024, 49 TexReg 1489](#), sets out the fee guidelines for division specific services.
3. [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:

- 4 – Procedure code inconsistent with modifier used

Issues

1. What are the services considered in this dispute?
2. Is Edward W. Smith, D.O. entitled to additional reimbursement?

Findings

1. Dr. Smith is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, the extent of the compensable injury, and whether disability is related to the compensable injury.

Dr. Smith is seeking \$0.00 for the examination to determine maximum medical improvement. Therefore, this service will not be considered in this dispute. DWC will review reimbursement for the examination to determine impairment rating, the extent of the compensable injury, and whether disability is related to the compensable injury.

2. The examination to determine impairment rating was billed with procedure code 99456 and modifiers W5 and WP. A review of 28 TAC §§134.210 and 134.240 finds that modifier WP is not used for this service.

The examination to determine the extent of the compensable injury was billed with procedure code 99456 and modifiers W6 and RE. A review of 28 TAC §§134.210 and 134.240 finds that modifier RE is not used for this service.

The examination to determine whether disability is related to the compensable injury was billed with procedure code 99456 and modifiers W7 and RE. A review of 28 TAC §§134.210 and 134.240 finds that modifier RE is not used for this service.

Because the requestor failed to bill services in accordance with the applicable rules, Dr. Smith is not entitled to reimbursement for the services in question.

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 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

November 15, 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 electronico CompConnection@tdi.texas.gov.