



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Michael Knott, D.C.

Respondent Name

El Paso Community College

MFDR Tracking Number

M4-25-0371-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

October 15, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 16, 2024	Designated Doctor Examination 99456-W5	\$192.00	\$192.00
Total		\$192.00	\$192.00

Requestor's Position

"The bill was emailed to the adjustor on 9/27/2024 and I received a partial payment of \$1026.00. The original bill was for 3 regions... totally \$1,218.00. I called and resubmitted for the additional allowance to be considered, and I received 2 more EOB's that deny the additional allowance."

Amount in Dispute: \$192.00

Respondent's Position

The Austin carrier representative for El Paso Community College is Downs Stanford, P.C. The respondent was notified of this medical fee dispute on October 22, 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 §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 examinations to determine maximum medical improvement and impairment rating.

Adjustment Reasons

- P12 – Workers' Compensation jurisdictional fee schedule adjustment.
- 18 – Exact duplicate claim/service.

Issues

1. What rules apply to the service in dispute?
2. Is the requester 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.

On the disputed date of service, the requestor billed \$1,218.00 for CPT code 99456-W5. CPT code 99456 indicates the service of a maximum medical improvement (MMI) and/or impairment rating (IR) examination by a designated doctor.

DWC finds that 28 TAC §134.240, adopted to be effective June 1, 2024, applies to the reimbursement of the services in dispute. 28 TAC §134.240 (d), states in pertinent part,

"(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.

(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.

(A) For musculoskeletal body areas, the designated doctor may bill for a maximum of three body areas.

(i) Musculoskeletal body areas are:

(I) spine and pelvis;

(II) upper extremities and hands; and

(III) lower extremities (including feet).

(ii) For musculoskeletal body areas:

(I) the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4); and

(II) the reimbursement for each additional musculoskeletal body area is \$192 adjusted per §134.210(b)(4)."

2. The requestor, Michael Knott, D.C., is seeking additional reimbursement in the amount of \$192.00 for a designated doctor examination rendered on September 16, 2024.

A review of the medical bills and medical record submitted finds that the requestor's charges for the services rendered on September 16, 2024, are in accordance with 28 TAC §134.240, which sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

The submitted medical record supports that the requestor, a designated doctor, performed an evaluation of maximum medical improvement (MMI) as ordered by DWC. Per 28 TAC §134.240 (d), the maximum allowable reimbursement (MAR) for this examination is \$449.00.

A review of the submitted medical record additionally finds that the requestor performed impairment rating (IR) evaluations of three musculoskeletal body areas. The rule at 28 TAC §134.240 defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal area performed is \$385.00. For each additional musculoskeletal body area, the designated doctor shall be reimbursed \$192.00 per each musculoskeletal body area, up to a maximum of three body areas.

The requestor assigned impairment ratings for three musculoskeletal body areas. The total allowable reimbursement for the impairment ratings in this designated doctor examination is \$769.00.

In accordance with 28 TAC §134.240, the reimbursements which apply to the disputed examination rendered on September 16, 2024, are:

- For an MMI examination, reimbursement is \$449.00.
- For impairment ratings of three musculoskeletal body areas, reimbursement is \$769.00.
- DWC finds that the total MAR for the examination in question is \$1,218.00.
- The insurance carrier paid \$1,026.00.
- Additional reimbursement in the amount of \$192.00 is recommended.

DWC finds that additional reimbursement in the amount of \$192.00 is due for the services in dispute.

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 \$192.00 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 El Paso Community College must remit to Michael Knott, D.C. \$192.00 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 22, 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 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.