



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Scott Jurica, D.C.

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-25-0604-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

November 11, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 8, 2024	Designated Doctor Examination 99456-W5	\$0.00	\$0.00
October 8, 2024	99456-W6	\$0.00	\$0.00
October 8, 2024	99456-W8	\$321.00	\$321.00
	Total:	\$321.00	\$321.00

Requestor's Position

Excerpt from request for reconsideration dated October 31, 2024: "All details were sent including the report and all forms and documentation within the appropriate time frame and support the evidence that I completed the services billed. The new fee schedule allows for \$642 for EACH additional question after MMI/IR, not half. \$321 is still due according to the Guidelines."

Amount in Dispute: \$321.00

Respondent's Position

"We have escalated the bills in question for manual review to determine if additional monies are owed. We will provide a supplemental response once the bill auditing company has finalized their review." (DWC has not received a supplemental response as of the date of this review. We will base this decision on the information available.)

Submitted by: Gallagher Bassett on January 21, 2025

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

- 197 – PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT.
- P12 - WORKERS COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 59 - PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.

Issues

1. What are the services to be considered in this review?
2. What rules apply to the service in dispute?
3. Is the requester entitled to additional reimbursement?

Findings

1. The requestor, a designated doctor, submitted the request for medical fee dispute in accordance with 28 TAC §133.307 for the following procedure codes:
 - 99456-W5
 - 99456-W6
 - 99456-W8

The requestor is seeking \$0.00 for procedure codes 99456-W5 and 99456-W6. Therefore, these procedures will not be considered in this dispute review.

The requestor is seeking an additional \$321.00 for procedure 99456-W8. This is the only procedure code to be reviewed in this medical fee dispute resolution (MFDR).

2. This medical fee dispute involves an examination by a designated doctor for the purpose of determining the injured employee's ability to return to work, billed under 99456-W8.

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

“(d) 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)...

(7) Return to work. The reimbursement rate for determining the ability of the injured employee to return to work is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W8'.

3. The requestor, Scott Jurica, D.C., a designated doctor, is seeking additional reimbursement in the amount of \$321.00 for an examination rendered on October 8, 2024, for the purpose of determining the injured employee's ability to return to work,.

The submitted medical record supports that Dr. Jurica performed, documented, and billed for the service of "Return to Work" in accordance with 28 TAC §134.240. Therefore, DWC finds that the designated doctor is entitled to reimbursement for procedure code 99456-W8 in the amount of \$642.00.

Per review of the explanation of benefits document submitted, the insurance carrier previously paid \$321.00.

DWC finds that additional reimbursement in the amount of \$321.00 is due for the service 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 \$321.00 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 Indemnity Insurance Co. of North America must remit to Scott Jurica, D.C. \$321.00 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

March 20, 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*
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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.