



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Jamon Clayton, D.C.

Respondent Name

Insurance Company of the West

MFDR Tracking Number

M4-25-0733-01

Carrier's Austin Representative

Box Number 4

DWC Date Received

November 22, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 15, 2024	Designated Doctor Examination 99456-W5	\$385.00	\$0.00

Requestor's Position

"...billed for 99456 W5 that includes MMI and Impairment which according to EDI billing rules has a minimal combined payment of \$834 for 1 unit. However, the total payment received for this service was only \$449.00, which does not align with the expected reimbursement."

Amount in Dispute: \$385.00

Respondent's Position

"The provider requested an additional payment \$385.00 for service date 10/15/24. Following re-review by our bill review vendor, we issued an additional payment of \$400."

Response submitted by: ICW Group Insurance Companies

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

- 350 – Bill has been identified as a request for reconsideration or appeal.
- G15 - Pricing is calculated based on the medical professional fee schedule value.
- P12 - Workers' compensation jurisdictional fee schedule adjustment.
- W3 - In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. What rules apply to the service in dispute?
2. Have the services in dispute been allowed reimbursement as of the date of this review?
3. 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 a total amount of \$950.00 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; (musculoskeletal structures of torso)
- (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).

(B) For non-musculoskeletal body areas, the designated doctor must bill, and the insurance carrier must reimburse, for each non-musculoskeletal body area examined.

(i) Non-musculoskeletal body areas are defined as follows:

- (I) body systems;
- (II) body structures (including skin); and
- (III) mental and behavioral disorders.

(ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides.

(iii) The reimbursement for the assignment of an IR in a non-musculoskeletal body area is \$192 adjusted per §134.210(b)(4)."

2. A review of the submitted explanation of benefits (EOB) document, dated December 18, 2024, finds that the insurance carrier allowed reimbursement in the total amount of \$849.00 for the designated doctor examination services in dispute, rendered by Dr. Clayton on October 15, 2024.

DWC finds that the services in dispute have been reimbursed in the total amount of \$849.00 as of the date of this review.

3. The requestor, Jamon Clayton, D.C., is seeking additional reimbursement in the amount of \$385.00 for a designated doctor examination rendered on October 15, 2024.

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 an impairment rating (IR) evaluation of one musculoskeletal body area. 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 an impairment rating for one musculoskeletal body area. The total allowable reimbursement for the impairment ratings in this designated doctor examination is \$385.00.

In accordance with 28 TAC §134.240, the reimbursements which apply to the disputed examination rendered on October 15, 2024, are:

- For an MMI examination, reimbursement is \$449.00.
- For impairment rating of one musculoskeletal body area, reimbursement is \$385.00.
- DWC finds that the total MAR for the examination in question is \$834.00.
- The insurance carrier paid \$849.00 as of the date of this review.
- No additional reimbursement is recommended.

DWC finds that no additional reimbursement 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement in the amount of \$0.00 for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 14, 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 electronico CompConnection@tdi.texas.gov.