



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kevin Hunter, D.C.

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-25-0837-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

December 11, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 24, 2024	Designated Doctor Examination 99456-W5	\$385.00	\$385.00

Requestor's Position

"The insurance company issued payment of \$449.00 for the MMI portion of the exam. The claimant was placed at MMI and given an IR of 9% as indicated by the proper CPT code on the bill as well as the DWC 69 submitted ... On 10/22/2024, an additional payment was issued by Sedgwick this time for the CPT code 99358 (still again not paying the IR of the exam). This exam was originally ordered by the insurance carrier through TDI to determine MMI/IR/EOI."

Amount in Dispute: \$385.00

Respondent's Position

The Austin carrier representative for Indemnity Insurance Co. of North America is Downs & Stanford, PC. The representative was notified of this medical fee dispute on December 17, 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 \(TLC\) §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 reduced the payment for the disputed services with the following claim adjustment codes:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Is Kevin Hunter, D.C. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Hunter is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on August 24, 2024.

Per 28 TAC §134.240(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)."

28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)." No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question.

28 TAC §134.240(d)(4) states, in relevant part, "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 units column of the billing form."

28 TAC §134.240(d)(4)(A)(i)(II) states, "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)." No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question.

Based on the supporting evidence submitted to DWC, Dr. Hunter performed the designated doctor examination as ordered by DWC, found the injured employee at MMI and calculated an IR for the (redacted). Therefore, DWC finds that the total allowable reimbursement for the examination in question is \$834.00. Per explanation of benefits dated September 13, 2024, the insurance carrier paid \$449.00. An additional reimbursement of \$385.00 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 established that an additional reimbursement of \$385.00 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 Kevin Hunter, D.C. \$385.00 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 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.