



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Jack P. Mitchell, D.C.

Respondent Name

General Motors LLC

MFDR Tracking Number

M4-25-0961-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

January 6, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 22, 2024	Designated Doctor Examination 99456-W5	\$1,026.00	\$128.00
August 22, 2024	99456-W6	\$642.00	\$0.00
	Total:	\$1,668.00	\$128.00

Requestor's Position

"Documentation submitted with the complete medical bill documents a, designated doctor examination as ordered by the DWC, the purpose of establishing Maximum Medical Improvement, and providing an Impairment rating, and issue of Extent of Injury. The insurance carrier does not have a valid reason for not paying this claim as billed. This provider is owed \$1668.00 + Interest."

Amount in Dispute: \$1,668.00

Respondent's Position

"After further review, an additional payment in the amount of \$1,540.00 under ICN# ... has been processed."

Response submitted by: BURNS ANDERSON JURY & BRENNER, L.L.P.

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

- 2008 - ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
- 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 THE ATTAINMENT OF MAXIMUM MEDICAL IMPROVEMENT. AN ADDITIONAL ALLOWANCE IS PAYABLE IF A DETERMINATION OF THE IMPAIRMENT CAUSED BY THE COMPENSABLE INJURY WAS ALSO PERFORMED.
- 948 - RE-REVIEWED AT PROVIDERS REQUEST WITH ADDITIONAL INFORMATION AND DOCUMENTATION. ADDITIONAL PAYMENT SUGGESTED.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- W3 - BILL IS A RECONSIDERATION OR APPEAL.
- N600 - ADJUSTED BASED ON THE APPLICABLE FEE SCHEDULE FOR THE REGION IN WHICH THE SERVICE WAS RENDERED.
- 4271 - PER TX LABOR CODE SEC. 408.027, PROVIDERS MUST SUBMIT BILLS TO PAYORS WITHIN 95 DAYS OF THE DATE OF SERVICE.
- 29 - THE TIME LIMIT FOR FILING CLAIM/BILL HAS EXPIRED.
- 18 - EXACT DUPLICATE CLAIM/SERVICE.

Issues

1. What rules apply to the services in dispute?
2. Have the services in dispute received 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, as well as to determine the extent of the compensable injury.

On the disputed date of service, the requester billed a total amount of \$1,668.00 for two units of CPT code 99456-W5 and one unit of CPT code 99456-W6. 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 billing and 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).

(5) Extent of injury. The reimbursement rate for determining the extent of the employee's compensable injury is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier ‘W6’.”

2. The requestor, Jack P. Mitchell, D.C., is seeking reimbursement in the amount of \$1,668.00 for a designated doctor examination rendered on August 22, 2024.

A review of the submitted explanation of benefits (EOB) finds that per the EOB processed on January 15, 2025, the insurance carrier allowed reimbursement in the total amount of \$1,540.00 for designated doctor services rendered on August 22, 2024, by Dr. Mitchell.

DWC finds that as of the date of this review, the services in dispute have been reimbursed, a total amount of \$1,540.00.

3. The requestor, Jack P. Mitchell, D.C., is seeking reimbursement in the amount of \$1,668.00 for a designated doctor examination rendered on August 22, 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 provided an impairment rating (IR) of two musculoskeletal body areas. The rule at 28 TAC §134.240 defines the fees for impairment rating of musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal area performed is \$385.00. The MAR for each additional musculoskeletal body area is \$192.00.

The documentation submitted supports that the requestor assigned an impairment rating for two musculoskeletal body areas. The total allowable reimbursement for the impairment ratings in this designated doctor examination is \$577.00.

The submitted medical record supports that the requestor provided an examination to determine the injured employee's extent of compensable injury. Reimbursement of an examination to determine extent of injury is \$642.00 in accordance with 28 TAC §134.240.

In accordance with 28 TAC §134.240, the reimbursements which apply to the disputed examination rendered on August 22, 2024, are:

- For an MMI examination, reimbursement is \$449.00.
- For the impairment rating of the first musculoskeletal body area, reimbursement is \$385.00.
- For the impairment rating of the second musculoskeletal body area, reimbursement is \$192.00.
- For the examination to determine extent of injury reimbursement is \$642.00.
- DWC finds that the total MAR for the examination in question is \$1,668.00.
- The insurance carrier paid \$1,540.00.
- Additional reimbursement in the amount of \$128.00 is recommended.

DWC finds that additional reimbursement in the amount of \$128.00 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 \$128.00 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 General Motors LLC must remit to Jack P. Mitchell, D.C. \$128.00 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 25, 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.