



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Mark Richard Bronson, DC

Respondent Name

Insurance Company of the West

MFDR Tracking Number

M4-25-1027-01

Carrier's Austin Representative

Box Number 4

DWC Date Received

January 13, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 24, 2024	99456-W5-W8	\$642.00	\$640.41

Requestor's Position

"The reimbursement and reduction codes are not consistent with TAC Rule §134.240."

Amount in Dispute: \$642.00

Respondent's Position

The Austin carrier representative for Insurance Company of the West is Law Office of Ricky D Green. The representative was notified of this medical fee dispute on January 23, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the 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 \(TAC\) §134.240](#) sets out the billing requirements and reimbursement guidelines for designated doctor examinations.
2. [28 TAC §133.10](#) sets out the required billing procedures forms/formats for healthcare provider billing.
3. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- 350 – Bill has been identified as a request for reconsideration or appeal.
- 975 – This line item was reviewed using the Fair Health Charge benchmark databased. Module based on the provider geographic area.
- G15 – Pricing is calculated based on the medical professional fee schedule value.
- J16 – This procedure was ranked as the primary service when considered for multiple procedure reduction. As a result no reduction was taken.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- P5 – Based on payer reasonable and customary fees. This bill has been identified as a request for reconsideration or appeal.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. What services were included in the assigned designated doctor examination?
2. What rule is applicable to reimbursement?
3. Is the requester entitled to additional reimbursement?

Findings

The disputed service was rendered in October of 2024. The rule (28 TAC §134.240) applicable to designated doctor examinations was amended effective June 1, 2024. The service in question will be reviewed in accordance with the provisions of applicable rules and fee guidelines.

1. The requestor is seeking a payment of \$642.00 for date of service October 24, 2024 for 99456 - W5 -W8 for one unit. The insurance carrier reduced the payment of the claim based on the workers' compensation jurisdictional fee schedule and geographical area.

Review of the submitted "Designated Doctor Evaluation and Report" indicates, "Purpose of Examination – Maximum Medical Improvement, - Impairment Rating – Return to Work."

Review of the Doctor Appointment Detail known to the Division found the DD Assignment ID of [redacted]. This assignment type was for the purpose of maximum medical improvement impairment rating and return-to-work."

DWC Rule 28 TAC 133.10 (f)(1)(N)(ii) states in pertinent parts, "All information submitted on required paper billing forms must be legible and completed in accordance with this section... The following date content or data elements are required for a complete professional or non-institutional medical bill related to Texas workers' compensation health care. ...prior authorization number (CMS-1500/field 23) is required in the following situations: ...The division ordered a designated doctor examination and provided an assignment number. Include the assignment in the prior authorization filed (CMS-1500/field 23). Review of the submitted medical bill the requestor submitted the afore mentioned assignment number in the correct field.

Based on the DWC assigned designated doctor appointment type and the submitted medical report, the DWC finds the requestor is entitled to receive reimbursement for the designated doctor exam with maximum medical improvement, impairment rating and return to work.

2. DWC Rule 28 TAC §134.240 (d) states, "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)."

DWC Rule 28 TAC §134.240 (d)(3) states, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the doctor must apply the additional modifier W5."

Review of the submitted medical bill found the requestor submitted the medical bill claim as required by rule. The insurance carrier indicated code 99450-W5 on the explanation of benefits and paid \$193.59. The explanation of benefits indicates, "975 – This line item was reviewed using the fair health charge benchmark database module based on the provider geographic area" and "Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement.

DWC Rule §134.240 (c) states, "The insurance carrier shall not change a billing code on a medical bill or reimburse health care at another billing code's value."

The insurance carrier did not process the claim line as submitted on the medical bill. The disputed service will be reviewed as submitted on the medical bill per the applicable fee guideline.

DWC Rule 28 TAC §134.240 (d)(3) states, "MMI. MMI evaluations will be reimbursed at **\$449** adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier "W5." The requestor billed per the applicable rule and reimbursement of \$449.00 is recommended.

DWC Rule 28 TAC §134.240 (d)(4) states, "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." Review of the "Request for designated doctor examination" indicates the body areas to be examined were "Spine and musculoskeletal structures of torso" and "Upper Extremities." Review of the submitted "Designate Doctor Evaluation" indicates Body Part Checklist, "Spine & musculoskeletal structures of torso / Upper Extremities." However, the number of units indicated on the medical bill for 99456 W5 is "1". Only one unit will be considered under the fee guideline for impairment rating.

DWC Rule §134.240 (d)(3)(4)(A)(ii), states, "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. For musculoskeletal body areas, the designated doctor may bill for a maximum of three body areas. Musculoskeletal body areas are: spine and pelvis; upper extremities and hands; and lower extremities (including feet). For musculoskeletal body areas: the reimbursement for the first musculoskeletal body area is **\$385...**" Reimbursement of \$385.00 is recommended.

DWC Rule §134.240 (d)(7) states "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." Reimbursement of \$642.00 is recommended.

3. The MAR for the disputed designated doctor evaluation is \$449.00 + \$385.00 + \$642.00 for a total of \$1476.00. The insurance carrier paid \$835.59. An additional payment of \$640.41 is due to the requestor.

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 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Insurance Company of the West must remit to Mark Richard Bronson, DC \$640.41 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 26, 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.