



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kristie Gaddis, D.C.

Respondent Name

Safety National Casualty Corp.

MFDR Tracking Number

M4-25-1063-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 17, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 25, 2024	Designated Doctor Examination 99456-W5	\$449.00	\$0.00

Requestor's Position

Initial statement: "I performed a Designated Doctor Exam @ the request of the insurance company. Now I cant [sic] get them to pay me."

Subsequent statement: "These additional denials of payment were received yesterday."

Amount in Dispute: \$449.00

Respondent's Position

The Austin carrier representative for Safety National Casualty Corp. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on January 23, 2025.

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](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

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

- 4 – Procedure code inconsistent with modifier used
- Comments: "DESIGNATED DOCTOR WAS NOT ASKED TO ADDRESS EOI. IT IS ALSO NOT ADDRESSED IN THE NARRATIVE."
- 18 – Duplicate Claim/Service
- R1 – Duplicate Billing
- 95A – Provider submitted corrected billing
- Comments: "CORRECTED CLAIM ..."
- Comments: "REVIEW YOUR DWC69. YOU INDICATE NOT AT MMI. REVIEW THE RULES REGARDING BILLING WHEN IW NOT AT MMI WHILE PAYMENT HAS CHANGED. THE REQUIRED MODIFIER HAS NOT."
- Comments: "DUPLICATE RECONSIDERATION REQUEST: ALREADY IN PROCESS ON EOR ..."

Issues

1. Is Kristie Gaddis, D.C. entitled to reimbursement for the examination in question?

Findings

1. Dr. Gaddis is seeking reimbursement for a designated doctor examination to determine maximum medical improvement. Supporting evidence indicates that Dr. Gaddis billed the disputed examination with procedure code 99456 and modifier "W5."

The insurance carrier denied payment, in part, stating, "Procedure code inconsistent with modifier used," and "YOU INDICATE NOT AT MMI. REVIEW THE RULES REGARDING BILLING WHEN IW NOT AT MMI WHILE PAYMENT HAS CHANGED. THE REQUIRED MODIFIER HAS NOT."

28 TAC §134.240(d) states, in relevant part, "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) ...

(2) ...

(A) If the designated doctor determines that MMI has not been reached, the MMI evaluation portion of the examination must be billed and reimbursed in accordance with subsection (d) of this section. The designated doctor must add modifier 'NM.'

(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.'"

DWC found no evidence that Dr. Gaddis submitted a bill with modifier "NM" in addition to modifier "W5." No reimbursement 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 not established that reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 11, 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.