



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Richard Lawrence, M.D.

Respondent Name

Safety National Casualty Corp.

MFDR Tracking Number

M4-25-1155-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 27, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 7, 2024	99456 W5-WP	\$0.00	\$0.00
March 7, 2024	99456 W5-MI	\$50.00	\$0.00
March 7, 2024	99456 W6-RE	\$0.00	\$0.00
Total		\$50.00	\$0.00

Requestor's Position

"CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS... THE CURRENT RULES ALLOW REIMBURSEMENT.

Amount in Dispute: \$50.00

Respondent's Position

"The Requestor submitted 3 DWC69 forms... As there is no difference between the 1st and 3rd DWC69 DX codes, it is unclear how the Requestor is expecting an additional payment for a 2nd DWC69 since payment for determining IR of these injuries occurred with reimbursement of the first DWC69 in the amount of \$650 under 99455-W5 @ 3 units (ROM x 3 – head, spine and right upper extremity). Beyond the 2nd DWC69 (which was paid), there are no 'additional' impairment ratings."

Response submitted by: Corvel

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 §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

The insurance carrier reduced or denied payment for the disputed service with the following claim adjustment codes:

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- Explanation of Benefits Comments: "Of the 3 DWC69 attached. 1 and 3 are the exact same. No additional payment for a 3rd DWC69 as those codes are the accepted injuries. No ADDITIONAL IRs needed if the DD's DX are the accepted DX. DD was paid \$600 for those IRs."

Issues

1. What are the services in dispute?
2. Is the insurance carrier's reimbursement reduction of the number of units billed for 99456-W5-MI supported?
3. Is the requester entitled to additional reimbursement?

Findings

1. Although there are a total of three services listed on the MFDR DWC060 request form, the requestor is seeking \$0.00 for all of them except CPT code 99456-W5-MI. Therefore, only CPT code 99456-W5-MI will be reviewed and adjudicated in this dispute resolution process.
2. The requestor billed \$100.00 for 2 units of CPT code 99456-W5-MI, rendered on March 7, 2024. Per the explanation of benefits, the insurance carrier reduced reimbursement to \$50.00 for one unit of 99456-W5-MI, asserting that of the three Reports of Medical Evaluation, "there is no difference between the 1st and 3rd DWC69 DX codes" and that "Beyond the 2nd DWC69 (which was paid), there are no 'additional' impairment ratings."

The DWC-69 is a Report of Medical Evaluation form that the designated doctor is required to

complete, indicating the injured employee's maximum medical improvement (MMI) status and impairment rating (IR).

A review of the submitted documentation indicates that the designated doctor was asked to address the maximum medical improvement, impairment rating, and extent of injury for both the compensable injuries and the disputed injuries. When multiple impairment ratings are required as a component of a designated doctor examination, 28 TAC §134.250 (4)(B) states that the designated doctor shall be reimbursed \$50 for each additional impairment rating calculation.

A review of the submitted documentation finds that the requestor provided three Reports of Medical Evaluation (DWC-69). Two of the Reports of Medical Evaluation provided impairment ratings for the exact same diagnosis and concluded the exact same result percentage of impairment rating. Therefore, DWC finds that the designated doctor performed only one additional impairment rating or one unit of procedure code 99456-W5-MI.

DWC finds that the insurance carrier's reduction from two units of 99456-W5-MI charged to one unit reimbursed is supported.

- 3. The requestor is seeking additional reimbursement in the amount of \$50.00 for CPT code 99456-W5-MI, rendered on March 7, 2024.

Because the insurance carrier's reimbursement reduction of the number of units billed for procedure code 99456-W5-MI is supported, DWC does not recommend additional reimbursement for the disputed charges.

In accordance with 28 TAC §134.250 (4)(B), DWC finds that the requestor is not entitled to additional reimbursement for the disputed procedure code 99456-W5-MI.

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 requester 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 \$0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 9, 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.