



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Kenneth J. Steen, D.C.

Respondent Name

Starstone National Insurance Co.

MFDR Tracking Number

M4-25-1178-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

August 26, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 12, 2024	Designated Doctor Examination 99456-W5-NM	\$350.00	\$350.00
Total		\$350.00	\$350.00

Requestor's Position

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

Amount in Dispute: \$350.00

Respondent's Position

The insurance carrier is Starstone National Insurance Co. The insurance carrier representative, Downs Stanford, was notified of this medical fee dispute on February 3, 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 §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.

Adjustment Reasons

Explanation of benefits was not submitted by either party.

Issues

1. What rules apply to the service in dispute?
2. Is the requestor 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.

On the disputed date of service, the requestor billed \$350.00 for CPT code 99456-W5-NM. CPT code 99456 indicates the service of a maximum medical improvement (MMI) and/or impairment rating (IR) examination by a doctor other than the treating doctor. Modifier W5 indicates the examination was performed by a designated doctor. Modifier NM indicates that MMI has not yet been reached.

DWC finds that 28 TAC §134.250 applies to the billing and reimbursement of the service in dispute. 28 TAC §134.250, which sets out the fee guidelines for maximum medical improvement examinations and impairment ratings, states in pertinent part,

“(2)(A), If the examining doctor, other than the treating doctor, determines MMI has not been reached, the MMI evaluation portion of the examination shall be billed and reimbursed in accordance with paragraph (3) of this section. Modifier ‘NM’ shall be added...

“(3)(C) The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT code 99456. Reimbursement shall be \$350.”

2. The requestor, Kenneth J. Steen, D.C., is seeking reimbursement in the amount of \$350.00 for a designated doctor examination rendered on February 12, 2024.

A review of the medical bills and medical record submitted finds that the requestor's charges for the services rendered on February 12, 2024, are in accordance with 28 TAC §134.250, which sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

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 §134.250 (3)(C), the maximum allowable reimbursement (MAR) for this examination is \$350.00.

A review of the submitted medical record additionally finds it was determined per the designated doctor evaluation examination that the injured employee was not yet at maximum medical improvement. Therefore, no impairment rating was performed or billed for.

In accordance with 28 TAC §134.250, the reimbursement which applies to the disputed examination rendered on February 12, 2024, is as follows:

- For an MMI examination, reimbursement is \$350.00.
- The insurance carrier paid \$0.00.
- Reimbursement in the amount of \$350.00 is recommended.

DWC finds that reimbursement in the amount of \$350.00 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 reimbursement in the amount of \$350.00 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 Starstone National Insurance Co. must remit to Kenneth J. Steen, D.C., \$350.00 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 24, 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.