

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Stephanie Janiak, D.C.

Respondent Name

Property & Casualty Insurance Co. of Hartford

MFDR Tracking Number

M4-25-1244-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

February 6, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 7, 2025	Designated Doctor Examination 99456-W5	\$36.00	\$36.00
January 7, 2025	99456-W5-MI	\$2.00	\$2.00
	Total:	\$38.00	\$38.00

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$38.00

Respondent's Position

"After further review of the documentation submitted with this dispute, there is no additional amount warranted."

Response submitted by: The Hartford

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.
3. [28 TAC §134.210](#) sets out the medical fee guideline for Workers' Compensation specific services.

Adjustment Reasons

- 133 - THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.
- 4150 - AN ALLOWANCE HAS BEEN PAID FOR A DESIGNATED DOCTOR EXAMINATION AS OUTLINED IN 134.204(J) FOR ATTAINMENT OF MAXIMUM MEDICAL IMPROVEMENT. AN ADDITIONAL ALLOWANCE IS PAYABLE IF A DETERMINATION OF THE IMPAIRMENT CAUSED BY THE COMPENSABLE INJURY WAS ALSO PERFORMED.
- PPRJ - PAID WITHOUT PREJUDICE
- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

Issues

1. What rules apply to the service in dispute?
2. Did the insurance carrier reimburse the disputed designated doctor services in accordance with current DWC Rules?
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.

On the disputed date of service, the requester billed \$1,062.00 for CPT code 99456-W5 and billed \$66.00 for CPT code 99456-W5-MI. 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 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).

(B) For non-musculoskeletal body areas, the designated doctor must bill, and the insurance carrier must reimburse, for each non-musculoskeletal body area examined.

(i) Non-musculoskeletal body areas are defined as follows:

(I) body systems;

(II) body structures (including skin); and

(III) mental and behavioral disorders.

(ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides.

(iii) The reimbursement for the assignment of an IR in a non-musculoskeletal body area is \$192 adjusted per §134.210(b)(4) ...

(D) When multiple IRs are required as a component of a designated doctor examination under this title, the designated doctor must bill for the number of body areas rated, and the insurance carrier must reimburse, \$64 adjusted per §134.210(b)(4) for each additional IR calculation.

(E) When the division requires the designated doctor to complete multiple IR calculations, the designated doctor must apply the additional modifier 'MI'."

DWC finds that 28 TAC §134.210 applies to the annual fee adjustment of the disputed services, stating in pertinent part, "(b)(4) Fees established in §§134.235, 134.240, 134.250, and 134.260 of this title will be:

"(A) adjusted once by applying the Medicare Economic Index (MEI) percentage adjustment factor for the period 2009 - 2024.

(B) adjusted annually by applying the MEI percentage adjustment factor identified in §134.203(c)(2).

(C) rounded to whole dollars by dropping amounts under 50 cents and increasing amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.

(D) effective on January 1 of each new calendar year."

2. A review of the explanation of benefits (EOB) submitted finds that the insurance carrier reimbursed the disputed services rendered on January 7, 2025, as follows:

- 99456-W5 was reimbursed in the amount of \$1,026.00 out of \$1,062.00 charged.
- 99456-W5-MI was reimbursed in the amount of \$64.00 out of \$66.00 charged.

In accordance with 28 TAC §134.240, 28 TAC §134.210 and §134.203, the designated doctor fees in dispute shall be adjusted annually based on the Medicare Economic Index (MEI). For services provided in calendar year 2025 the MEI adjustment, which can be found at [Medical fee guideline conversion factors](#), is 3.5 percent.

In accordance with 28 TAC §134.240, as the services in dispute were provided after January 1, 2025, DWC finds that the MEI adjusted reimbursement for the designated doctor services in dispute, rendered on January 7, 2025, shall be as follows:

- 99456-W5 as documented and billed, reimbursement shall be \$1,062.00.
- 99456-W5-MI as documented and billed, reimbursement shall be \$66.00.

DWC finds that the insurance carrier did not reimburse the disputed designated doctor services in accordance with current DWC Rules, adopted to be effective June 1, 2024.

3. The requestor, Stephanie Janiak, D.C., is seeking additional reimbursement in the amount of \$38.00 for a designated doctor examination rendered on January 7, 2025.

DWC finds that in accordance with 28 TAC §134.240, the appropriate total amount of reimbursement for the disputed designated doctor examination rendered on January 7, 2025, is \$1,128.00. The insurance carrier reimbursed the disputed services a total amount of \$1,090.00.

DWC finds that the requestor is entitled to additional reimbursement in the amount of \$38.00.

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 in the amount of \$38.00.

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 Property & Casualty Insurance Co. of Hartford must remit to Stephanie Janiak, D.C. \$38.00 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

April 10, 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.