



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Stephanie Janiak, D.C.

Respondent Name

Hartford Insurance Co. of Illinois

MFDR Tracking Number

M4-25-1249-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

February 7, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 23, 2024	Designated Doctor Examination 99456-W5	\$3.00	\$0.00
	Designated Doctor Examination 99456-W8	\$0.00	\$0.00
Total		\$3.00	\$0.00

Requestor's Position

The 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: \$3.00

Respondent's Position

"Carrier contends the Provider is only owed \$1218.00, which is the proper reimbursement amount for rating 3 body areas. The provider was paid correctly on the original bill and is not owed any additional reimbursement.

Response Submitted by: Burns Anderson Jury & Brenner, L.L.P.

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

Neither party submitted an explanation of benefits with reasons for the reduction of payment for the disputed services.

Issues

1. What are the services considered in this dispute?
2. Is Stephanie Janiak, D.C. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Janiak is seeking an additional \$3.00 reimbursement for a designated doctor examination that included the determination of maximum medical improvement and impairment rating as noted as procedure code 99456-W5 on the request for medical fee dispute. She is seeking \$0.00 for the examination to determine the ability of the injured employee to return to work noted as procedure code 99456-W8 on the request.

Therefore, DWC will not consider procedure code 99456-W8 in this dispute. DWC will review procedure code 99456-W5 for additional reimbursement.

2. Reimbursement for designated doctor examinations is calculated in accordance with 28 TAC §134.240(d), which states, in relevant part:
 - (3) MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier "W5."
 - (4) 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 units 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;
 - (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).

No explanation of benefits was provided by either party, both parties agree that the insurance carrier paid \$1,218.00 for the services in question. While the only bill included in the medical fee dispute resolution packet included one unit, indicating one body area in box 24G of the CMS1500, the insurance carrier stated that the reimbursement was for three body areas. The submitted narrative supports impairment calculations for the spine, upper extremity, and lower extremity.

DWC finds that the total allowable reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating for three musculoskeletal body areas is \$1,218.00. No additional 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 additional 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

March 14, 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 electronico CompConnection@tdi.texas.gov.