TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Charles Fred Xeller, MD

Respondent Name
Utica Mutual Insurance Co

MFDR Tracking Number
M4-25-1267-01

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
June 7, 2024	99456 W5 Designated Doctor with MMI/IR	$128.00	$128.00

Requestor's Position

"Please accept the following Position Statement as requited by Rule 133.307 (C)(2)(f). DESIGNATED DOCTOR EXAM... CARRIER IS REQUIRED TO PAY DESIGMATED DOCTOR EXAMS... THE CURRENT RULES ALLOW REIMBURSEMENT... AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: $128.00

Respondent's Position

The Austin carrier representative for Utica Mutual Insurance Co is Burns Anderson Jury & Brenner LP. The representative was notified of this medical fee dispute on February 19, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the 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) §134.240 sets out the billing requirements and reimbursement guidelines for designated doctor examinations.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. What rule is applicable to reimbursement?
2. Is the requester entitled to additional reimbursement?

Findings

The disputed service was rendered on June 7, 2024. The rule (28 TAC §134.240) applicable to designated doctor examinations was amended effective June 1, 2024. The service in question will be reviewed in accordance with the provisions of applicable rules and fee guidelines.

1. The requestor is seeking an additional payment of Designated Doctor Exam with MMI and IR for date of service June 7, 2024, for 99456 -W5 with total units billed of two. The insurance carrier reduced the payment of the claim based on the workers' compensation jurisdictional fee schedule.

   DWC Rule 28 TAC §134.240 (d) states, "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)."

   DWC Rule 28 TAC §134.240 (d)(3) states, "MMI evaluations will be reimbursed at **$449** adjusted per §134.210(b)(4), and the doctor must apply the additional modifier 'W5.'"

DWC Rule 28 TAC §134.240 (d)(4) states, "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."

As stated above, the DWC ordered examination included the following instructions, "Please issue an impairment rating for the (redacted) to the (redacted). Please consider Chapter 13, The Skin, including Section 13.2 Methods of Evaluating Impairment and Table 2, page 280, when rating this injury." The number of units indicated on the medical bill was two.

The total Maximum Allowable Reimbursement for the disputed service based on DWC designated doctor ordered exam is as follows, DWC Rule §134.240 (d)(4)(A)(B).

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;

(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.

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

2. The total MAR for the disputed services is ($449 (MMI) + $385 (IR upper extremities) +$192 (IR skin) = $1,026.00. The insurance carrier paid $898.00. A payment of $128 is due to the requestor.

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.

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 Utica Mutual Insurance Co must remit to Charles Fred Xeller, MD, $128.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

	Medical Fee Dispute Resolution Officer	May 9, 2025
Signature		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.