



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Adam Alexander, D.C.

**Respondent Name**

Texas Mutual Insurance Co.

**MFDR Tracking Number**

M4-25-1291-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

February 10, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 10, 2024	Designated Doctor Examination 99456-W5	384.00	\$384.00

### Requestor's Position

"The doctor is allowed to bill for multiple body parts at \$192 ea area. He addressed upper ext, lower ext and back. 1st is billed at \$385 and additional areas are \$192 ea."

**Amount in Dispute:** \$384.00

### Respondent's Position

"On the TWCC-32, Texas Mutual requested that the designated doctor perform a maximum medical improvement exam, and an impairment rating exam of the lower extremities only. Texas Mutual did not request that the upper extremities or back be rated.

"Our position is that no additional payment is due."

**Response Submitted by:** Texas Mutual Insurance Co.

## 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 \(TAC\) §127.10](#) sets out the procedures for designated doctor examinations.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.240, effective June 1, 2024, 49 TexReg 1489](#), sets out the fee guidelines for designated doctor examinations.

### Denial Reasons

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

- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- G15 – Pricing is calculated based on the medical professional fee schedule value.
- 748 – Type of examination was not requested (refer to DWC 22 or DWC 32).
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 891 – No additional payment after reconsideration.

### Issues

1. Is Texas Mutual Insurance Company's denial based on type of examination supported?
2. Is Adam Alexander, D.C. entitled to additional reimbursement?

### Findings

1. Dr. Alexander is seeking reimbursement for a designated doctor examination performed on October 10, 2024, to determine maximum medical improvement and impairment ratings for the upper extremities, lower extremities, and spine.

The insurance carrier reduced payment, in part, stating, "Type of examination was not requested ..." In its position statement, it said, "Texas Mutual requested that the designated doctor perform a maximum medical improvement exam, and an impairment rating exam of the lower extremities only."

28 TAC §127.10(b) states, in relevant part, "Requirement to review information. Before examining an injured employee, the designated doctor must review the injured employee's medical records, including any analysis of the injured employee's medical condition, functional

abilities, and return to work opportunities that the insurance carrier and treating doctor provide in accordance with subsection (a) of this section, and any materials the division submits to the doctor.

- (1) The designated doctor must also review the injured employee's medical condition, history, and any medical records the injured employee provides and must perform a complete physical examination of the injured employee.
- (2) The designated doctor must give the medical records reviewed the weight the designated doctor determines to be appropriate."

DWC finds that the documentation submitted supports that Dr. Alexander provided his findings in accordance with 28 TAC §127.10(b). Therefore, the insurance carrier's denial for this reason is not supported.

2. Because the insurance carrier's denial reason is not supported, Dr. Alexander is entitled to reimbursement for the services in question.

Per 28 TAC §134.240(d)(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."

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

28 TAC §134.240(d)(4)(A)(ii) states, in relevant part, "

- (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).

The submitted documentation supports that Dr. Chadha determined that the injured employee had reached MMI and performed an IR evaluation of three musculoskeletal body areas. No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question.

DWC finds that the total allowable amount for the services in question is \$1,218.00. Per explanation dated December 20, 2024, Texas Mutual Insurance Co. paid \$834.00. An additional payment of \$384.00 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 established that additional reimbursement of \$384.00 is due.

## 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 Texas Mutual Insurance Co. must remit to Adam Alexander, D.C. \$384.00 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 3, 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](http://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](mailto: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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).