



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Robert Jaehne, DC

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-25-1326-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 14, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 27, 2024	99456 W5 Designated doctor exam with MMI/IR	\$1,026.00	\$1,026.00
June 27, 2024	99456 W7 Disability	\$642.00	\$642.00
June 27, 2024	99456 W8 Return to work	\$642.00	\$642.00
Total		\$2,310.00	\$2,310.00

Requestor's Position

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

Amount in Dispute: \$2,310.00

Respondent's Position

The Austin carrier representative for Safety National Casualty Corp is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on February 25, 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 §133.10](#) sets out the required billing procedures forms/formats for healthcare provider billing.
3. [28 TAC §133.240](#) sets out the medical bill processing requirements.
4. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
5. [28 TAC §133.210](#) sets out requirements of medical bill processing by insurance carriers.
6. [28 TAC 134.210](#) sets out the medical fee guideline for workers' compensation specific services.

Denial Reasons

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

Issues

1. Did the insurance carrier support medical bill processing?
2. Did the requestor support submission of complete medical bill to correct insurance carrier?
3. What services were included in the assigned designated doctor examination?
4. What rule is applicable to reimbursement?
5. Is the requester entitled to additional reimbursement?

Findings

1. Robert Jaehne DC is seeking reimbursement for a DWC ordered designated doctor medical examination to determine maximum medical improvement (MMI) and impairment rating, disability and return to work. The requestor argued that it had not received payment or an explanation of denial for medical bills submitted for the examination in question. DWC Rule §133.240 (a) states, "An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended as a result of a pending request for additional documentation." The insurance carrier did not submit documentation to support making a payment or denial within required timeframe, nor did they submit a position statement for this request for MFDR.
2. The information submitted indicates this claim was submitted to Nancy Minot, the adjustor listed for Sedgwick, on July 9, 2024, and September 5, 2024. Review of the report of the Commissioners Order for the designated doctor exam indicates the workers' compensation carrier is Sedgwick.

DWC Rule §133.210 (e) states "It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other." The greater weight of evidence, known to the Division, supports the claim was submitted to an agent for Sedgwick who is the claim administrator. The disputed medical bill will be reviewed by the applicable fee guideline shown below.

3. The requestor is seeking payment for date of service June 27, 2024, for 99456 -W5, 2 units, 99456 -W7, and 99456 -W8.

Review of the Commissioner's Order found a date of May 9, 2024, prior to the change in DWC Rules pertaining to prior authorization.

Review of the submitted "Designated Doctor Evaluation and Report" indicates, "Purpose of Examination – Maximum Medical Improvement, - Impairment Rating, Disability, Return-to-work."

Based on the DWC assigned designated doctor appointment type, Commissioner's Order and the submitted medical report, the DWC finds the requestor is entitled to receive reimbursement for the designated doctor exam with maximum medical improvement and impairment rating, disability, and return-to-work.

4. 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.

DWC Rule 28 TAC §134.240 (d)(4)(A)(ii)(iii) states, "(A) For musculoskeletal body areas, the designated doctor may bill for a maximum of three body areas. Musculoskeletal body areas are: spine and pelvis; upper extremities and hands; and lower extremities (including feet)."

Review of the submitted "Request for designated doctor examination" indicates the DWC ordered examination of the spine and upper extremities. The number of units indicated on the medical bill was two.

5. The total Maximum Allowable Reimbursement for the disputed service based on DWC designated doctor ordered exam is as follows, DWC Rule §134.240 (d)(3), (d)(4)(A)(ii), (d)(6), and (d)(7).

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. For musculoskeletal body areas, the designated doctor may bill for a maximum of three body areas. Musculoskeletal body areas are: spine and pelvis; upper extremities and hands; and lower extremities (including feet). For musculoskeletal body areas: the reimbursement for the first musculoskeletal body area is **\$385...**; and the reimbursement for **each additional musculoskeletal body area is \$192...**

Disability. The reimbursement rate for determining whether the injured employee's disability is a direct result of the work-related injury is **\$642** adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier "W7."

Return to work. The reimbursement rate for determining the ability of the injured employee to return to work is **\$642** adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier "W8."

The total MAR for the disputed services is \$2,310.00. This amount 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 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 Safety National Casualty Corp must remit Robert Jaehne, DC, \$2,310.00 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

May 7, 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 electrónico CompConnection@tdi.texas.gov.