



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Judith-Ann Knowles, D.C.

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-25-1420-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

February 26, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 24, 2025	Designated Doctor Examination 99456-W5	\$369.10	\$29.00

Requestor's Position

Initial Position Statement: "I performed a designated doctor exam on January 24, 2025 ... I received an EOB indicating partial payment of \$493.90 on February 16, 2025 ... Considering this exam was performed and billed at the appropriate fee guidelines for Texas at the time. Please remit the remaining payment of \$369.10 immediately."

Subsequent Position Statement: "This has not been paid in full. I received a second payment of \$340.10 on 3.23.25 but I am still owed \$29."

Amount in Dispute: \$369.10

Respondent's Position

"A payment of \$340.10 for dos 01/24/2025 was issued on 03/10/2025. For dos 01/24/2025 a prior payment of \$493.90 was issued on 02/10/2025 and an additional payment was issued after bill was sent for reconsideration."

Response Submitted by: ESIS

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 §134.2](#) sets out the incentive payments for underserved areas.
3. [28 TAC §134.210](#) sets out the fee guidelines for workers' compensation specific services.
4. [28 TAC §134.240](#) 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:

- 1-(222) – Charge exceeds Fee Schedule allowance
- 2-(837) – HPSA bonus/Incentive pays at 110% of fee schedule allowance
- 3-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 2-(148) – This procedure on this date was previously reviewed
- 3-18 – Duplicate claim/service.
- Note-1 – "Previous gross recommended payment amount on line: \$493.90; Previous recommended payment amount on line: \$493.90, Additional recommended allowance of \$340.10 is being made based upon additional supporting documentation received."

Issues

1. Is Judith-Ann Knowles, D.C. entitled to additional reimbursement?

Findings

1. Dr. Knowles is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) of a lower extremity performed on January 24, 2025.

28 TAC §134.240(d)(3) states, "MMI. 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) states, in relevant part, "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 units column of the billing form." Per subsection (A)(ii)(I), "the reimbursement for

the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)."

28 TAC §134.210(b)(4) states, "Fees established in §§134.235, 134.240, 134.250, and 134.260 of this title will be:

- (A) ...
- (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."

The adjusted reimbursement rate for the MMI portion of the examination in question for date of service January 24, 2025, is \$465.00. The adjusted reimbursement rate for the IR portion of this examination is \$398.00.

On its explanations of benefits, the insurance carrier indicated that these services may be subject to a HPSA incentive amount as outlined in 28 TAC §134.2. However, DWC finds that the zip code for the location of the examination is not eligible for this incentive.

The total allowable reimbursement for the services in question is \$863.00. The submitted documentation indicates that the insurance carrier paid a total of \$834.00. Therefore, an additional reimbursement of \$29.00 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 \$29.00 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 Indemnity Insurance Co. of North America must remit to Judith-Ann Knowles, D.C. \$29.00 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

June 5, 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.