



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John Anthony Sklar MD

Respondent Name

Indemnity Insurance Co of America

MFDR Tracking Number

M4-25-1905-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

April 16, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 11, 2024	Designated Doctor Examination 99456 W5-NM	\$449.00	\$449.00
July 11, 2024	99456 W6	\$642.00	\$642.00
Total		\$1,091.00	\$1,091.00

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 REIMBURSEMENT."

Amount in Dispute: \$1,091.00

Respondent's Position

Response dated April 24, 2025: "ESIS Med Bill Impact's Bill Review Department reviewed the above-mentioned date of service and found that the provider was not due additional money. It has been determined that ESIS Med Bill Impact will stand on the original recommendation of \$0. Original bill was denied for Invalid ICD code. Provider continued to submit with no correction."

Response dated April 29, 2025: "The review determined that the provider is not due additional money."

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 \(TAC\) §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 denied the payment for the disputed services with the following claim adjustment codes:

- 1 – Resubmit bill with appropriate ICD-10 diagnosis codes: [redacted] is invalid
- 2 – Resubmit bill with appropriate ICD-10 diagnosis codes: [redacted] is invalid (418)
- 3 – 146 – Diagnosis was invalid for the date(s) of service reported. (ANSI146)
- 18 – Duplicate claim/service. (ANSI18).
- Original DCN 511824201.

Issues

1. Is the insurance carrier's denial supported?
2. What rule is applicable to reimbursement?
3. Is the requester entitled to additional reimbursement?

Findings

1. Dr. Sklar is seeking reimbursement for a DWC ordered designated doctor medical examination to determine maximum medical improvement, impairment rating, and extent of injury for date of service July 11, 2024, billed as 99456 -W5 NM and 99456-W6. The insurance carrier denied the medical service, stating the ICD-10 diagnosis code [redacted] was invalid. Review of the AMA coding guidelines at <https://www.ama-assn.org> found this code is valid. The insurance carrier's denial is not supported.

2. 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)(2)(A) states, "If the designated doctor determines that MMI has not been reached, the MMI evaluation portion of the examination must be billed and reimbursed in accordance with subsection (d) of this section. The designated doctor must add modifier "NM."

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)(5) states, "Extent of injury. The reimbursement rate for determining the extent of the employee's compensable injury is **\$642** adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier "W6."

3. The total MAR for the disputed impairment rating is \$449 for the MMI and \$642 for the extent of injury for a total MAR of \$1,091.00. 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 Indemnity Insurance Co of North America must remit to John Anthony Sklar, MD \$1,091.00 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 15, 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.