



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Crystal Hogan, D.C.

Respondent Name

University Health System

MFDR Tracking Number

M4-25-1923-01

Carrier's Austin Representative

Box Number 16

DWC Date Received

April 17, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 26, 2024	Designated Doctor Examination 99456-W5	\$385.00	\$385.00
	Designated Doctor Examination 99456-W8	\$0.00	\$0.00
Total		\$385.00	\$385.00

Requester's Position

"THE CURRENT RULES ALLOW REIMBURSEMENT"

Amount in Dispute: \$385.00

Respondent's Position

The Austin carrier representative for University Health System is Rey Pena McChristian, P.C. The representative was notified of this medical fee dispute on April 23, 2025.

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

Denial Reasons

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

- 222 – Charge exceeds Fee Schedule allowance
- ANSIP12 – Workers compensation jurisdictional fee schedule adjustment.

Issues

1. What services are considered in this dispute?
2. Is Crystal Hogan, D.C. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Hogan is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and ability to return to work. The requester is seeking \$0.00 for the examination to determine the ability to return to work. Therefore, this service will not be considered in this dispute.

The requester is seeking an additional \$385.00 for the examination to determine maximum medical improvement and impairment rating. This service will be considered in this dispute.

2. Per 28 TAC §134.240(d), "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)."

28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)." No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question. The doctor certified that the injured employee was at MMI. Therefore, the total allowable reimbursement for this examination is \$449.00.

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

28 TAC §134.240(d)(4)(A)(i)(II) states, "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)." No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question. The doctor calculated an impairment rating for the upper extremity. Therefore, the reimbursement for this portion of the examination is \$385.00.

DWC finds that the total allowable reimbursement for the service considered in this dispute is \$834.00. Per the submitted explanation of benefits dated November 5, 2024, the insurance carrier paid \$449.00. An additional \$385.00 is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement of \$385.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that the University Health System must remit to Crystal Hogan, D.C. \$385.00 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

July 18, 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.