



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Lori Wolf, DC

Respondent Name

Accident Fund General Insurance Co

MFDR Tracking Number

M4-25-1951-01

Carrier's Austin Representative

Box Number 6

DWC Date Received

April 22, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 27, 2024	99456 W5	\$642.00	\$0.00
August 27, 2024	99456 W8	\$0.00	\$0.00
interest		\$32.67	\$0.00
Total		\$674.67	\$0.00

Requestor's Position

"Please see enclosed the original bill faxed over on 09/24/2024 for exam on 08/27/2024, proof of fax and a copy bill. We received an EOB with a reduction in payment from \$1476.00 down to \$834.00. The EOB stated that the required form was not submitted. The complete report with the narrative, form 69 and form 73 was uploaded to TXCOMP and faxed to adjuster on 9/5/24."

Amount in Dispute: \$674.67

Respondent's Position

"The bill contains two charges: Modifier W5 – MMI/IR charge requires form DWC069. The DOS on the form received does not match the DOS on the bill or in the records submitted. Likewise, the DOS on the bill/records (08/29/24) does not match the DOS listed on the MFDR received (08/27/24). Modifier W8 – RTW: This charge does not require a particular form and is documented in the records received. A processing error on the original review allowed payment

for modifier W5 which should have been denied for the above noted discrepancies. A recon was performed to better reflect the reason for reduced payment. At this time, those discrepancies still exist and prevent issuance of additional reimbursement. A corrected claim and/or DWC069 is needed.”

Response Submitted by: Stone Loughlin Swanson

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 §134.240](#) sets out the billing and reimbursement guidelines for designated doctor exams.

Denial Reasons

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

- @G(W3) – No additional reimbursement allowed after review of appeal/reconsideration.
- 1002 – RECON: Due to an error in processing we are recommending further payment be made for this service.
- 5178P – We have received no documentation that would alter our original recommendation. For this reason, it is our position that no additional reimbursement is due.
- 965 – State required form was not submitted.
- TX W3 – The Benefit for this Service is included in the payment/allowance for another service/procedure that has been performed on the same day.

Issues

1. Is the respondent’s position statement supported?

Findings

1. The requestor is seeking additional payment for the date of service August 27, 2024. The items listed on the DWC60 form are 99456 W5 – MMI Evaluation and Designated Doctor Exam and 99456 W8 – Return to work.

The respondent states, "...The DOS on the form received does not match the DOS on the bill or in the records submitted. Review of the submitted documents found the following.

- Date of service listed on DWC60 is August 27, 2024.
- Date of service listed on Explanation of benefits is August 29, 2024.
- Date of service listed on CMS 1500 claim form is August 29, 2024.
- Date listed for the exam on TDI DWC Assigned Designated Doctors Evaluation and Report, August 29, 2024.
- Date listed on DWC069 for the exam is August 27, 2024.
- Date listed on DWC073 for the date of exam is August 27, 2024.

Based on this review, DWC finds the respondent's position is supported. No payment 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 22, 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.