



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### General Information

**Requestor Name**

Scott Jurica, DC

**Respondent Name**

Pennsylvania Manufacturers Association

**MFDR Tracking Number**

M4-25-2126-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

May 6, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 28, 2025	Designated Doctor Examination 99456-W5	\$215.00	\$0.00

### Requestor's Position

"The new fee schedule allows for \$664 for EACH additional question other than MMI/IR. Totals paid were from the 2024 fee schedule. The exam was completed in 2025 therefore the new fee schedule applies. \$215 is still due according to the Guidelines."

**Amount in Dispute:** \$215.00

### Respondent's Position

"According to the first page of the DW C [sic]60, the provider is seeking reimbursement of an additional \$215. The provider has been paid \$449. He claims that he billed \$664. We have been advised that the provider failed to use the correct modifier when he submitted his CMS 1500. Until he corrects the modifier and provides a copy of that correction to DWC's Medical Review Division and to the Carrier, the provider is not entitled to any additional payment."

**Response submitted by:** Flahive, Ogden & Latson

## Findings and Decision

### Authority

This medical fee dispute is decided according to [Texas Labor Code §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 fee guidelines for examinations to determine maximum medical improvement and impairment rating.

### Adjustment Reasons

- 309 - THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 4150 - AN ALLOWANCE HAS BEEN PAID FOR A DESIGNATED DOCTOR EXAMINATION AS OUTLINED IN 134.204(J) FOR ATTAINMENT OF MAXIMUM MEDICAL IMPROVEMENT. AN ADDITIONAL ALLOWANCE IS PAYABLE IF A DETERMINATION OF THE IMPAIRMENT CAUSED BY THE COMPENSABLE INJURY WAS ALSO PERFORMED.

### Issues

1. What rules apply to the service in dispute?
2. Is the requester entitled to additional reimbursement?

### Findings

1. This medical fee dispute involves an examination by a designated doctor for the purpose of establishing the extent of the compensable injury, as was requested per the DWC032 "Request for designated doctor examination" form.

DWC finds that 28 TAC §134.240, adopted to be effective June 1, 2024, applies to the reimbursement of designated doctor examinations. 28 TAC §134.240 (d), states in pertinent part,

"(2) (C) If the designated doctor determines MMI has been reached and an IR evaluation is performed, both the MMI evaluation and the IR evaluation portions of the examination must be billed and reimbursed in accordance with subsection (d) of this section.

(3) MMI. MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W5.'

(4) 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...

(5) 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.' "

2. The requestor, Scott Jurica, D.C., is seeking additional reimbursement in the amount of \$215.00 for a designated doctor examination rendered on January 28, 2025.

The submitted medical record supports that the requestor, a designated doctor, performed an evaluation to determine the extent of the injured employee's compensable injury as ordered by DWC. Per 28 TAC §134.240 (d)(5), the maximum allowable reimbursement (MAR) for this examination on the disputed date of service is \$664.00, and the designated doctor must apply the additional modifier 'W6.' "

A review of the submitted medical bill finds that the designated doctor billed for procedure code 99456-W5 in the amount of \$664.00. DWC finds that in accordance with 28 TAC §134.240, the designated doctor did not append the appropriate modifier to the procedure code for the service of an extent of injury examination performed on the disputed date of service. Therefore, DWC cannot recommend additional reimbursement for the designated doctor examination rendered on January 28, 2025, by Dr. Jurica.

DWC finds that no additional reimbursement is due for the service in dispute.

### 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 additional reimbursement in the amount of \$0.00 for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
May 30, 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](http://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 3 or email [CompConnection@tdi.texas.gov](mailto: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 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).