



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

David F. Brown, M.D.

**Respondent Name**

Texas Mutual Insurance Co.

**MFDR Tracking Number**

M4-25-2240-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

May 14, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 16, 2024	Designated Doctor Examination 99456	\$300.00	\$0.00

### Requestor's Position

"UME received partial payment for this exam. We were not reimbursed \$300 for the additional testing, a neuropsychological exam, performed on 12/06/2024 ...

"We submitted a Reconsideration Request ... which was denied on 2/26/2025. The reason stated 'The submitted documentation does not support the service being billed'."

**Amount in Dispute:** \$300.00

### Respondent's Position

"Review of documentation does not support the designated doctor exam meets the specialty exam requirements per rule 127.130(b)9(B)-(I). The diagnosis on the bill do not fall within the body areas and conditions on the DWC-032 between traumatic brain injury and heart or cardiovascular conditions."

**Response Submitted by:** Texas Mutual Insurance Company

## 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 \(TAC\) §127.130](#) sets out the qualification requirements for designated doctors.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [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:

- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 892 – Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.
- Notes: "892,225: COMPENSABLE DIAGNOSIS DOES NOT FALL UNDER COMPLEX DIAGNOSIS LIST PER RULE 127.130."
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- DC4 – No additional reimbursement allowed after reconsideration
- Notes: "892,225: COMPENSABLE DIAGNOSIS DOES NOT FALL UNDER COMPLEX DIAGNOSIS LIST PER RULE 127.130. MENTAL DIAGNOSIS IS NOT ON THE COMPLES [sic] DX LIST PER RULE 127.130."

### Issues

1. What are the services considered in this dispute?
2. Is David F. Brown, M.D. entitled to additional reimbursement for the examination in question?

### Findings

1. Dr. Brown is requesting an additional \$300.00 reimbursement for a designated doctor examination performed on October 16, 2024. The bill submitted with the request included the following:

- Maximum medical improvement – 99456-W5: \$449.00
- Impairment rating – 99456-W5: \$769.02
- Extent of injury – 99456-W6: \$642.00
- Multiple impairment calculations – 99456-W5-MI: \$64.00
- Board-certified doctor required – 99456-25: \$300.00

Per explanation of benefits dated February 3, 2025, the insurance carrier reimbursed all services in full with the exception of procedure code 99456-25. This service will be considered in this dispute.

2. The insurance carrier denied this service, in part, with code 892: "DENIED IN ACCORDANCE WITH DWC RULES AND/OR MEDICAL FEE GUIDELINE INCLUDING CURRENT CPT CODE DESCRIPTIONS/INSTRUCTIONS." The insurance carrier included additional notes, stating, "COMPENSABLE DIAGNOSIS DOES NOT FALL UNDER COMPLEX DIAGNOSIS LIST PER RULE 127.130."

28 TAC §134.240(g) states [with emphasis added]:

- (g) When the division orders the designated doctor to perform an examination of an injured employee with **one or more of the diagnoses listed in §127.130(b)(9)(B) - (I)** of this title:
  - (1) The designated doctor must add modifier "25" to the appropriate examination code.
  - (2) The designated doctor must add modifier "25" once per bill when addressing issues on the same day, regardless of the number of diagnoses or the number of issues the division ordered the designated doctor to examine.
  - (3) The designated doctor must bill, and the insurance carrier must reimburse, \$300 adjusted per §134.210(b)(4) in addition to the examination fee.

DWC finds that the documentation submitted failed to demonstrate that the injury evaluated in this examination included any of the diagnoses in 28 TAC §127.130(b)(9)(B) - (I), requiring a board certified physician. Therefore, Dr. Brown is not entitled to reimbursement for this fee.

### 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

June 12, 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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).