



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Edward W. Smith, D.O.

**Respondent Name**

American Home Assurance Company

**MFDR Tracking Number**

M4-25-2475-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

June 5, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 22, 2025	Designated Doctor Examination 99456-W5 25	\$27.00	\$27.00
April 22, 2025	Designated Doctor Examination 99456 W5	\$0.00	\$0.00
<b>Total</b>		\$27.00	\$27.00

### Requestor's Position

"All submitted charges and coding conform to DWC Rules 28 TAC Chapter 134. The original claim form was properly coded and submitted in a timely fashion to the carrier."

**Amount in Dispute:** \$27.00

### Respondent's Position

"The provider was entitled to bill up to three body areas, which he did. The MMI portion of the exam is reimbursed at \$449. The first body area is reimbursed at \$385 when Range of Motion is included. The subsequent body areas are reimbursed at \$192 each. The provider has been fully reimbursed. He is not entitled to any additional monies."

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

# 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 §134.2](#) sets out the incentive payments for underserved areas.
3. [28 TAC §134.210](#) sets out the fee guidelines for workers' compensation specific services.
4. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

## Denial Reasons

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

- 197 – Precertification/authorization/notification/pre-treatment absent.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- XXU00 – There was no UR procedure/treatment request received.
- 18-3 – Exact duplicate claim/service.
- TX224 – Duplicate charge
- 00663-1 – Reimbursement has been calculated based on the state guidelines.
- 93 – No claim level adjustments.

## Issues

1. Is Edward W. Smith, D.O., entitled to additional reimbursement for the service in question?

## Findings

1. Dr. Smith is seeking additional reimbursement for a designated doctor examination including a specialty exam fee to determine maximum medical improvement (MMI) and impairment rating (IR) of three body areas performed on April 22, 2025.

28 TAC §134.240(d)(3) states, "MMI. MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W5.'"

28 TAC §134.240 (g) states, "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."

28 TAC §134.210(b)(4) states, "Fees established in §§134.235, 134.240, 134.250, and 134.260 of this title will be:

- (A) adjusted once by applying the Medicare Economic Index (MEI) percentage adjustment factor for the period 2009 - 2024.
- (B) adjusted annually by applying the MEI percentage adjustment factor identified in §134.203(c)(2).
- (C) rounded to whole dollars by dropping amounts under 50 cents and increasing amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.
- (D) effective on January 1 of each new calendar year."

The adjusted reimbursement rate for the MMI including specialist fee portion of the examination in question for date of service April 22, 2025, is \$776.00.

The total allowable reimbursement for the service in question is \$776.00. The submitted documentation indicates that the insurance carrier paid a total of \$749.00. Therefore, an additional reimbursement of \$27.00 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 of \$27.00 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 American Home Assurance Company must remit to Edward W. Smith, D.O. \$27.00 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 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](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).