

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Raymond T. Alexander, M.D.

**Respondent Name**

Travelers Indemnity Co. of Connecticut

**MFDR Tracking Number**

M4-25-2676-01

**Carrier's Austin Representative**

Box Number 05

**DWC Date Received**

June 24, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 11, 2025	Designated Doctor Examination 99456-W5	\$199.00	\$0.00

### Requester's Position

“\*\$1,261.00 Breakdown for CPT Code 99456, Modifier W5 x1unit, W5 x1Unit, W5 x2Units.

- 465 MMI/IR – Maximum Medical Improvement & IR- Impairment Rating.
- \$398 UPPER MSK – [REDACTED].
- \$199 NON-MSK – [REDACTED].
- \$199 NON-MSK – [REDACTED].”

**Amount in Dispute:** \$199.00

### Respondent's Position

“In addition to the [REDACTED], which the Carrier previously reimbursed, the Provider contends they are entitled to separate reimbursement for an impairment evaluation of [REDACTED]. While the range of motion and neurological deficits were reviewed in providing impairment for the upper extremities, also previously reimbursed by the Carrier, there was no separate ‘sensory’ evaluation, and no separate impairment was calculated beyond the upper extremity/whole person impairment related to the range of motion and neurological deficits. With no documented

separate evaluation of some 'sensory non-musculoskeletal body area' beyond the range of motion and neurological deficits required for the upper extremity impairment, no separate reimbursement is due."

**Response Submitted by:** Travelers

## 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 §134.210](#) sets out the fee guidelines for division-specific services.
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:

- 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.
- 863 – Reimbursement is based on the applicable reimbursement fee schedule.
- 309 – The charge for this procedure exceeds the fee schedule allowance.

### Issues

1. Is Raymond T. Alexander, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Raymond is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating.

28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)."

28 TAC §134.240(d)(4) states, in relevant part, "IR examinations, the designated doctor must bill, and the insurance carrier must reimburse, the components of the IR evaluation ... Indicate

the number of body areas rated in the units column of the billing form.

- (A) For musculoskeletal body areas, the designated doctor may bill for a maximum of three body areas.
  - (i) Musculoskeletal body areas are:
    - (I) spine and pelvis;
    - (II) upper extremities and hands; and
    - (III) lower extremities (including fee).
  - (ii) For musculoskeletal body areas:
    - (I) The reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4) ...
- (B) For non-musculoskeletal body areas, the designated doctor must bill, and the insurance carrier must reimburse, for each non-musculoskeletal body area examined.
  - (i) non-musculoskeletal body areas are defined as follows:
    - (I) body systems;
    - (II) body structures (including skin); and
    - (III) mental and behavioral disorders.
  - (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides.
  - (iii) The reimbursement for the assignment of an IR in a non-musculoskeletal body area is \$192 adjusted per §134.210(b)(4)."

Based on the documentation submitted, DWC finds that the impairment ratings provided included the upper extremities and [REDACTED].

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) ...
- (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 total allowable reimbursement for the services in question, which includes an adjustment in accordance with 28 TAC §134.210(b)(4), is \$1,062.00. Per explanation of benefits dated May 9, 2025, the insurance carrier paid this amount in full. No additional reimbursement 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 not established that additional reimbursement is due.

## Order

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

### Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	August 29, 2025 _____ Date
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## 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).