

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

David Griffith, D.C.

**Respondent Name**

Accident Fund General Insurance

**MFDR Tracking Number**

M4-25-2680-01

**Carrier's Austin Representative**

Box Number 06

**DWC Date Received**

June 25, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 16, 2024	Designated Doctor Examination 99456-W5	\$192.00	\$0.00

### Requester's Position

"We have submitted a reconsideration request and as of today, have not received full payment. Per our records, the bill was submitted to the insurance carrier on: 1/15/2025.

"... Upon reviewing all the records, it is abundantly clear in the medical records a [REDACTED] was rendered by the physician providing emergency care. It was brought to the attention of the adjuster prior to the examination as stated in the report. It is justified therefore that the torso be examined appropriately ..."

**Amount in Dispute:** \$192.00

### Respondent's Position

"Records include mention of [REDACTED] as being included in the exam performed, however, no mention of an assessment related to impairment for this body area is made. Therefore, we feel this assessment falls into the overall exam performed to determine MMI. No additional is due for determination of impairment rating related to the rib as this assessment is not documented as

having been performed.”

**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 fee guidelines for designated doctor examinations.

### Denial Reasons

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

- 5443 – The designated doctor and any referral health care providers must include the DWC-provided assignment number in the prior authorization field (CMS-1500/field 23) in accordance with §133.10(f)(10)(N).
- 9451 – Payment adjusted because the payer deems the information submitted does not support this many services/units.
- @G(W3) – No additional reimbursement allowed after review of appeal/reconsideration.
- 5178 – RECON: We have received no documentation that would alter our original recommendation. For this reason, it is our position that no additional reimbursement is due.
- 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 David Griffith, D.C. entitled to additional reimbursement?

### Findings

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

Per 28 TAC §134.240(d)(3), “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 Dr. Griffith provided an impairment rating only for the lower extremities.

No adjustments apply to the date of service in question. The total allowable reimbursement for the services in question is \$834.00. Per explanation of benefits dated March 25, 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

## 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).