



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

David Teuscher, M.D.

**Respondent Name**

Texas Association of Counties

**MFDR Tracking Number**

M4-25-3351-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

August 20, 2025

### Summary of Findings

| Dates of Service | Disputed Services                         | Amount in Dispute | Amount Due    |
|------------------|---|-------------------|---------------|
| November 4, 2024 | Designated Doctor Examination<br>99456-W5 | \$0.00            | \$0.00        |
|                  | Designated Doctor Examination<br>99456-25 | \$300.00          | \$0.00        |
|                  | Designated Doctor Examination<br>99456-W8 | \$0.00            | \$0.00        |
| <b>Total</b>     |   | <b>\$300.00</b>   | <b>\$0.00</b> |

### Requester's Position

"THE CURRENT RULES ALLOW REIMBURSEMENT"

**Amount in Dispute:** \$300.00

### Respondent's Position

"... reimbursement is only payable when the provider is reviewing certain diagnoses found in Rule 127.130(b)(9)(B)-(I) ... As the Provider did not evaluate Claimant for any of the above diagnoses, no additional reimbursement is owed."

**Response Submitted by:** Burns Anderson Jury & Brenner, L.L.P.

## 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 standards for designated doctor examinations.
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:

- 5141 – Bill has been reviewed by a nurse or under the direction of a nurse.
- 943 – Documentation does not support billed charge. No recommendation of payment can be made.
- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- N706 – Missing documentation.

### Issues

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

### Findings

1. Dr. Teuscher is seeking additional reimbursement for an examination to determine maximum medical improvement and impairment rating, represented by procedure code 99456-W5; ability to return to work, represented by procedure code 99456-W8; and a fee to indicate that the examination required a board-certified physician represented by procedure code 99456-25.

Dr. Teuscher is seeking \$0.00 for codes 99456-W5 and 99456-W8. Therefore, these codes will not be considered in this dispute. The requester is seeking \$300.00 for code 99456-25. This is the service considered in this dispute.

2. Per 28 TAC §134.240(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 conditions 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. Teuscher is not entitled to reimbursement for this fee.

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**

|           |  |                 |
|-----------|--|-----------------|
| _____     | _____                                  | October 9, 2025 |
| Signature | Medical Fee Dispute Resolution Officer | 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).