TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**

Michael Knott, D.C.

**Respondent Name**

Indemnity Insurance Co of North America

**MFDR Tracking Number**

M4-26-1776-01

**Insurance Carrier's Austin Representative**

BOX 15 Downs Stanford PC

**DWC Date Received**

February 21, 2026

## Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| March 12, 2025 | Designated Doctor Examination 99456-W5, 3 regions | $1,261.00 | $0.00 |
| March 12, 2025 | Designated Doctor Examination 99456-W8 | $664.00 | $0.00 |
| | **Total** | $1,925.00 | $0.00 |

## Requester's Position

"The HCFA billing reflects charges for CPT 99456-W5 ($1,261.00) and CPT 99456-W8 ($664.00), totaling $1,925.00.

"The bill was timely submitted by fax on 03/24/2025 to 603-334-8118, and the fax confirmation shows successful transmission of 19 pages. The carrier/TPA later issued an EOB/EOP dated 01/16/2026 denying payment in full ($0.00) for both line items and citing denial code 203, stating that peer review determined payment was not recommended due to lack of medical necessity …

"1. Timely filing was satisfied. The bill was submitted shortly after the date of service, and fax transmission confirmation is enclosed.
2. The denial rationale is improper for a Designated Doctor examination. Applying a peer review/medical necessity denial to DD examination billing is not an appropriate basis to deny

payment for a properly ordered and performed DD exam. The services billed under CPT 99456 modifiers should be reimbursed under the applicable Texas workers' compensation fee guidelines."

**Amount In Dispute:** $1,925.00

## Respondent's Position

"The bill for DOS 03.12.25 has been reviewed and adjusted for payment … However, there was an overpayment. The bill was billed at $1925.00 and paid at $2059.00."

**Response Submitted By:** Helmsman

## Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section 413.031 and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section 133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section 133.305 sets out the procedures for resolving medical disputes.
3. 28 TAC Section 134.240 sets out the fee guidelines for designated doctor examinations.

Adjustment Reasons

The insurance carrier paid for the disputed services with the following notes:

1. 203 – Peer review has determined – payment for treatment has not been recommended due to the lack of medical necessity. Peer review has provided its findings to the provider in prior documentation.
2. P12 – No description given
3. 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.
4. 309 – The charge for this procedure exceeds the fee schedule allowance.
5. 4097 – Paid per fee schedule: charge adjusted because statute dictates allowance is greater than provider's charge.

6. 876 – Fee schedule amount is equal to the charge.

Issues

1. What is DWC considering in this medical fee dispute?

2. Is the requester entitled to additional reimbursement?

Findings

1. The requester is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI), impairment rating (IR) for three musculoskeletal body areas, and ability to return to work.

   Per 28 TAC Section 133.305, medical fee dispute is defined as, "A dispute that involves an amount of payment for nonnetwork health care rendered to an injured employee that has been determined to be medically necessary and appropriate for treatment of that injured employee's compensable injury. The dispute is resolved by the division pursuant to division rules, including §133.307 of this title (relating to MDR of Fee Disputes)."

   The insurance carrier's response indicated that a payment was made prior to the request for this medical fee dispute resolution.

   DWC will review these services and payments in accordance with 28 TAC Section 133.307.

2. Designated doctor examination fees are found in 28 TAC Section 134.240. Per Subsection (d),

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

   (4) IR. For IR examinations, the designated doctor must bill, and the insurance carrier must reimburse, the components of the IR evaluation. The designated doctor must apply the additional modifier "W5." 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 feet).

   (ii) For musculoskeletal body areas:

(I) the reimbursement for the first musculoskeletal body area is $385 adjusted per §134.210(b)(4); and

(II) the reimbursement for each additional musculoskeletal body area is $192 adjusted per §134.210(b)(4) …

(7) Return to work. The reimbursement rate for determining the ability of the injured employee to return to work is $642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier "W8."

The adjusted rate for the date of service in question for determination of MMI is $465.00. The adjusted rate for certification of IR for three musculoskeletal body areas is $796.00. The adjusted rate for determination of the injured employee's ability to return to work is $664.00.

DWC finds that the total allowable reimbursement for the services in question is $1,925.00. Per explanation of benefits dated February 16, 2026, 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 the requester and the respondent presented 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 Sections 413.031 and 413.019, DWC has determined the requester is entitled to $0.00 additional reimbursement for the disputed services.

**Authorized Signature**

| Signature | Medical Fee Dispute Resolution Officer | May 22, 2026<br>Date |
|---|---|---|

## Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section 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. 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 800-252-7031, option three or email 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section 141.1(d).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electronico CompConnection@tdi.texas.gov.