



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Marcus Hayes, D.C.

**Respondent Name**

Hartford Fire Insurance Co.

**MFDR Tracking Number**

M4-25-1607-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

March 17, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 14, 2025	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99455-V4, 1 unit	\$398.00	\$398.00

### Requestor's Position

"Regarding the reduction in payment, The Hartford remitted payment for the 'V4' level MMI assessment and not for the IR determination ... Therefore, AI&FATC requests The Hartford to remit the balance due of \$398.00 for the IR determination on said procedure performed on said patient on said date."

**Amount in Dispute:** \$398.00

### Respondent's Position

"The original bill for dos 2/14/25 was received on 2/19/25 for CPT 99455 and paid per state fee."

**Response Submitted by:** The Hartford

## 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 §134.203](#) sets out the fee guidelines for professional medical services.
3. [28 TAC §134.210](#) sets out the fee guidelines for workers' compensation specific services.
4. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating by a treating doctor.

### Denial Reasons

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

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- DPL2 – This submission is being processed as a duplicate as the original bill is still in review.

### Issues

1. Is Marcus Hayes, D.C. entitled to additional reimbursement?

### Findings

1. Dr. Hayes is seeking additional reimbursement for an examination to determine maximum medical improvement (MMI) and impairment rating (IR). The submitted documentation indicates that Dr. Hayes was the treating doctor for the injured employee.

28 TAC §134.250(c) states, in relevant part:

- (c) The following applies for billing and reimbursement of an MMI or IR evaluation by a treating doctor.
  - (1) CPT code. The treating doctor must bill using CPT code 99455 with the appropriate modifier. Modifiers "V3," "V4," or "V5" must be added to CPT code 99455 to correspond with the last digit of the applicable office visit.
  - (2) MMI. MMI evaluations must be reimbursed based on the applicable established patient office visit level associated with the examination under §134.203 of this

chapter.

- (3) IR. For IR examinations, the treating 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 treating 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).

For the MMI portion of the examination, Dr. Hayes billed 99455-V4. This corresponds to established patient office visit level 99214. 28 TAC §134.203(c) states, in relevant part, "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

- (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83 ...
- (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year ..."

To determine the MAR, the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) x Medicare Participating Amount.

- The DWC conversion factor for 2025 is 70.18.
- The Medicare conversion factor for the date of service in question is 32.3465.
- Per the submitted medical bills, the service was rendered in zip code 77074 which is in Medicare locality 0441218.
- The Medicare participating amount for CPT code 99214 is \$128.21.

The MAR is calculated as follows:  $(70.18/32.3465) \times \$128.21 = \$278.17$ .

Dr. Hayes documented a determination of IR for a lower extremity. Per 28 TAC §134.210(b)(4),

- (4) 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.

DWC finds that the adjusted fee for IR for the date of service in question is \$398.00. The total allowable reimbursement for the services in question is \$676.17. The insurance carrier paid \$278.17. An additional reimbursement of \$398.00 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 additional reimbursement of \$398.00 is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Hartford Fire Insurance Co. must remit to Marcus Hayes, D.C. \$398.00 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	June 18, 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).