



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Marcus Hayes, D.C.

Respondent Name

Employers Preferred Insurance

MFDR Tracking Number

M4-25-2102-01

Carrier's Austin Representative

Box Number 04

DWC Date Received

May 3, 2025

Summary of Findings

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

Requester's Position

"Regarding the reduction in payment, Employers remitted payment for the 'V4' level MMI assessment and not for the IR determination."

Amount in Dispute: \$398.00

Respondent's Position

The Austin carrier representative for Employers Preferred Insurance is the Law Office of Ricky D Green. The representative was notified of this medical fee dispute on May 13, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 §134.203](#) sets out the fee guidelines for professional medical services.
4. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating by the 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.
- 2005/5280 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. Is Marcus Hayes, D.C., entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Hayes is seeking additional reimbursement for an examination to determine maximum medical improvement and impairment rating. Dr. Hayes billed this service in the role of the treating doctor.

The fees for the services in question are found in 28 TAC §134.250, which states in subsection (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.

Dr. Hayes billed the examination using procedure code 99455 with modifier V4; therefore, maximum allowable reimbursement (MAR) corresponds to established office visit 99214, reimbursed in accordance with 28 TAC §134.203.

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 77034 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 .

28 TAC §134.250(c)(3) states, "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); and
- (II) the reimbursement for each additional musculoskeletal body area is \$192 adjusted per §134.210(b)(4).

Dr. Hayes provided impairment ratings for two musculoskeletal body areas. The total allowable reimbursement for this service is \$398.00 + \$199.00 = \$597.00.

DWC finds that the total MAR for the examination in dispute is \$875.17. Neither party submitted an explanation of benefits with payment. However, in his request for a medical fee dispute, Dr. Hayes indicated that he received a payment of \$278.17. Dr. Hayes is seeking only an additional reimbursement of \$398.00. This amount 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 established that additional reimbursement of \$398.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that Employers Preferred Insurance 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

July 31, 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. 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.

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.