TDI | **Division of Workers' Compensation**

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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Marco Britton, M.D.

Respondent Name
AIU Insurance Co.

MFDR Tracking Number
M4-25-2229-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
May 13, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 24, 2024	Designated Doctor Examination 99456-W5	$0.00	$0.00
	Designated Doctor Examination 99456-25	$300.00	$0.00
	Designated Doctor Examination 99456-W8	$0.00	$0.00
	Total	$300.00	$0.00

Requestor's Position

"The following bill was audited and paid incorrectly. TDI-DWC addresses the specialty fee for DD exams with rule 134.240(g). This rule states **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: (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**."

Amount in Dispute: $300.00

Respondent's Position

"... the provider is seeking an additional $300 under CPT 99456 with a 25 modifier. However, the

date of service is September 24, 2024 which was prior to the addition of the addition of the 25 modifier. Therefore, the provider is not entitled to reimbursement for that service."

Response Submitted by: Flahive, Ogden & Latson

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 requirements for designated doctors.

2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

3. 28 TAC §134.240, effective June 1, 2024, 49 TexReg 1489, 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 Marco Britton, M.D. entitled to additional reimbursement?

Findings

1. Dr. Britton is seeking additional reimbursement for a designated doctor examination to determine the following:

- Maximum medical improvement and impairment rating: procedure code 99456-W5,
- The ability of the injured employee to return to work: procedure code 99456-W8, and
- Fees to indicate that the examination required a board certified physician: procedure code 99456-25.

The requestor is seeking $0.00 for procedure codes 99456-W5 and 99456-W8. Therefore, these services will not be considered in this dispute.

Dr. Britton is seeking $300.00 for procedure code 99456-25. This service is considered in this dispute.

2. Effective for the date of service in dispute, 28 TAC §134.240(g) states:

(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 injury 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. Britton is not entitled to reimbursement for this fee.

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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		June 12, 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. 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 electronico CompConnection@tdi.texas.gov.