



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Joe Huggins DC

Respondent Name

Starr Indemnity & Liability Co

MFDR Tracking Number

M4-25-2257-01

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
March 5, 2025	Examination to Determine Maximum Medical Improvement and Impairment Rating 99456	\$465.00	\$465.00
March 5, 2025	Impairment Rating – One musculoskeletal body area 99456	\$398.00	\$398.00
Total		\$863.00	\$863.00

Requestor's Position

No position statement was submitted with this request for MFDR. The requestor made a comment on an EOB stating, "Modifier is NOT required for a Referral DD exam."

Amount in Dispute: \$863.00

Respondent's Position

"Upon receipt of the MDR request, the bill as sent for reconsideration. The review determined the provider is not due additional money. Attached is a copy of bill review's denial letter, the original EOR and reconsideration EOR."

Response Submitted by: ESIS

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 §134.260](#), effective June 1, 2024, 49 TexReg 1489, sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating performed by referred doctors.

Denial Reasons

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

- 1 – The appropriate modifier was not utilized.
- 2 – 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 2 – This procedure on this date was previously reviewed.
- 3 – 18 – Duplicate claim/service.

Issues

1. What rule(s) are applicable to reimbursement?

Findings

1. Dr. Huggins is seeking reimbursement for an examination to determine maximum medical improvement (MMI), and impairment rating (IR) performed on a referral by the treating doctor acting in place of the treating doctor.

Per explanations of benefits dated March of 2025, ESIS Med Bill Impact denied payment based on missing modifier.

DWC Rule 28 TAC §134.260(b)(1) states in relevant part, "If the referred doctor determines that MMI **has not been reached**, the referred doctor must bill, and the insurance carrier must reimburse, the MMI evaluation portion of the examination in accordance with subsections (c)(1) and (c)(2) of this section. The referred doctor must add modifier "**NM**". Review of the submitted DWC069 found the MMI was reached. Therefore, no modifier was required. The insurance carrier's denial is not supported.

Dr. Huggins submitted a medical bill for date of service March 5, 2025 on two lines. The first 99456 (1) unit in the amount of \$465.00. The second, 99456 (1) unit in the amount of \$398.00. DWC Rule 28 TAC §134.260(c) states, "The following applies for billing and reimbursement of an MMI or IR evaluation by a referred doctor.

- (1) CPT code. The referred doctor must bill using CPT code 99456 with the appropriate modifier.
- (2) MMI. MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4).
- (3) IR. For IR examinations, the referred doctor must bill, and the insurance carrier must reimburse, the components of the IR evaluation. Indicate the number of body areas rated in the unit's column of the billing form."

DWC Rule 28 TAC §134.260(c)(3)(A)(ii)(I) states, "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)."

DWC finds that the submitted documentation supports that Dr. Huggins found the injured employee to be at MMI and determined an IR for one musculoskeletal body area. Therefore, he is entitled to reimbursement of \$465.00 MMI for 2025 date of service (see Exam Fees at [Medical fee guideline conversion factors](#)) on the TDI website and \$398.00 for 2025 date of service for the IR for a total reimbursement of \$863.00. This amount 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 reimbursement of \$863.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Starr Indemnity & Liability Co. must remit to Joe Huggins, DC \$863.00 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 23, 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.