



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Rory Allen, D.O.

**Respondent Name**

Accident Fund General Insurance

**MFDR Tracking Number**

M4-25-2449-01

**Carrier's Austin Representative**

Box Number 06

**DWC Date Received**

June 4, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 15, 2025	Examination to Determine Maximum Medical Improvement and Impairment – 99455-V3	\$601.00	\$0.00

### Requester's Position

**"When the referring doctor determines an injured employee is not at MMI the CPT code is 99455 with the appropriate modifier that relates to the applicable established patient office visit level: V(99213), V4(99214), or V5(99215)."**

"Reimbursement is as follows:

"1<sup>st</sup> body area \$385 + office visit level \$216.00 = \$601.00"

**Amount in Dispute:** \$601.00

### Respondent's Position

"This bill was originally denied on 03/21/25 based on a discrepancy between the coding and form DWC069 submitted. The original bill was coded 99455-V3, which would indicate a Treating Doctor provided service. However, the DWC069 included with this billing indicates this service

was provided by a Referring Doctor. Due to the nature of the relationship with a Referring Doctor appropriate coding should have been 99456 with no modifier.

"A reconsideration was requested and denied on 05/21/25 as no change in coding or documentation was received."

**Response Submitted by:** Stone Loughlin Swanson

## **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](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating by a referred doctor.

### Denial Reasons

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

- 256 – Billing of modifier is not appropriate for services performed
- W01 – Please resubmit with appropriate CPT/HCPCS code
- @G (W3) – No additional reimbursement allowed after review of appeal/reconsideration.
- 5178 – RECON: We have received no documentation that would alter our original recommendation. For this reason, it is our position that no additional reimbursement is due.
- FR07 – Item is not supported by this procedure type or documentation supplied by your facility.
- TX W3 – The Benefit for this Service is included in the payment/allowance for another service/procedure that has been performed on the same day.
- Note: "PROVIDER TYPE REPORTED DOES NOT MATCH DWC069 ON FILE."

### Issues

1. Is Rory Allen, D.O. entitled to reimbursement for the services in question?

### Findings

1. Dr. Allen is seeking reimbursement for an examination to determine maximum medical

improvement and impairment rating performed on March 10, 2025. The requester submitted documentation indicating that he was acting in the role of a doctor selected by the treating doctor acting in place of a treating doctor. This role must be referred by the treating doctor for the examination in question.

As a doctor referred by the treating doctor, the appropriate fee guidelines are found in 28 TAC §134.260, which state, in relevant part:

- (c) 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 units column of the billing form.

DWC finds that Dr. Allen failed to bill the services in question in accordance with the relevant fee guidelines. Therefore, no additional reimbursement can be 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 not established that reimbursement is due.

### **Order**

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

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

July 17, 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](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).