



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Joe Huggins, D.C.

**Respondent Name**

United States Fire Insurance Co.

**MFDR Tracking Number**

M4-25-2702-01

**Carrier's Austin Representative**

Box Number 53

**DWC Date Received**

June 26, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 28, 2025	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456	\$147.15	\$147.15

### Requester's Position

The submitted documentation does not include a position statement from the requester. Accordingly, this decision is based on the information available at the time of adjudication.

**Amount in Dispute:** \$147.15

### Respondent's Position

“Carrier responds that provider billed \$1,062 for the date of service in dispute. Carrier paid \$914.85. Carrier applied a bill reduction of \$147.15 to the total charge of \$597 ... Provider attached a request for reconsideration to the MDR request from a review date of May 19, 2025, which did not reflect the reduction/adjustment to the billed amount.”

**Response Submitted by:** Hoffman Kelley LLP

## 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 §134.260](#) sets out the fee guidelines for maximum medical improvement and impairment rating examinations by referred doctors.

### 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.
- 600 – Allowance based on maximum number of units allowed according to the fee schedule and/or service code description or regulations.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 306 – Billing is a duplicate of other services performed on same day.
- 18 – Exact duplicate claim/service

### Issues

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

### Findings

1. Dr. Huggins is seeking additional reimbursement for an examination to determine maximum medical improvement and impairment rating performed on March 28, 2025.

28 TAC §134.260(c)(2) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)."

28 TAC §134.260(c)(3)(A)(ii) states, in relevant part, "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)."

The documentation submitted indicates that Dr. Huggins provided impairment rating calculations for the spine and upper extremity.

28 TAC §134.210(b)(4) states, "Fees established in §§134.235, 134.240, 134.250, and 134.260 of this title will be:

- (A) ...
- (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."

The total allowable reimbursement for the services in question, which includes an adjustment in accordance with 28 TAC §134.210(b)(4), is \$1,062.00. Per explanation of benefits dated April 21, 2025, the insurance carrier paid \$914.85. An additional reimbursement of \$147.15 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 \$147.15 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 United States Fire Insurance Co. must remit to Joe Huggins, D.C. \$147.15 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

August 29, 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).