



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requester Name

Shellie Smith, D.C.

Respondent Name

Harris Health System

MFDR Tracking Number

M4-25-2704-02

Carrier's Austin Representative

Box Number 21

DWC Date Received

June 26, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 19, 2025	99456	\$1,400.00	\$1,062.00

Requester's Position

"Per EDI billing guidelines, the minimum combined payment for this code is \$1062.00 for 2 units. Of the total minimum payment of \$1062.00, the claimant payout was \$0.00. \$1062.00 is still owed."

Amount in Dispute: \$1,400.00

Respondent's Position

The Austin carrier representative for Harris Health System is Thornton Biechlin Segrato Reyn. The representative was notified of this medical fee dispute on June 27, 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 §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 §134.250](#) sets out the medical fee guidelines for Maximum Medical Improvement Evaluations and Impairment Rating Examinations by Treating Doctors.
3. [28 TAC §134.260](#) sets out guidelines for Maximum Medical Improvement Evaluations and Impairment Rating Examinations by Referred Doctors.
4. [28 TAC §134.210](#) sets out the medical fee guideline for Workers' Compensation specific services.

Adjustment Reasons

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

- 247 – A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.
- 18 – EXACT DUPLICATE CLAIM/SERVICE.
- N111 – NO APPEAL RIGHT EXCEPT DUPLICATE CLAIM/SERVICE ISSUE. THIS SERVICE WAS INCLUDED IN A CLAIM THAT HAS ALREADY BEEN PREVIOUSLY BILLED AND ADJUDICATED.

Issues

1. What rules apply to the service in dispute?
2. Is the requester entitled to reimbursement?

Findings

1. This medical fee dispute involves an examination referred by the treating doctor to the requester, for the purpose of establishing: if maximum medical improvement (MMI) has been reached; what date MMI was reached if applicable; and to provide impairment ratings (IR) if MMI has been reached.

On the disputed date of service, the requester billed \$1,400.00 for two units of CPT code 99456. CPT code 99456 indicates the service of a maximum medical improvement (MMI) and/or impairment rating (IR) examination by a doctor other than the treating doctor.

28 TAC §134.250 which sets out the fee guidelines for maximum medical improvement

examinations and impairment ratings, states in pertinent part, "(b) Treating doctors must only bill and be reimbursed for an MMI and IR examination if they are an authorized doctor in accordance with the Labor Code and Chapter 130 and §180.23 of this title... (4) If the treating doctor is not authorized to assign an IR, the treating doctor may refer the injured employee to an authorized doctor for the examination and certification of MMI and IR. The referred doctor must bill under §134.260 of this chapter."

28 TAC §134.260 which applies to the billing and reimbursement of the service in dispute states in pertinent part, "(b) Referred doctors must only bill and be reimbursed for an MMI or IR examination if they are an authorized doctor in accordance with the Labor Code and Chapter 130 and §180.23 of this title.

"(1) 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.'

"(2) If the referred doctor determines that MMI has been reached and there is no permanent impairment because the injury was sufficiently minor and IR evaluation is not warranted, the referred doctor must bill, and the insurance carrier must reimburse, only the MMI evaluation portion of the examination in accordance with subsections (c)(1) and (c)(2) of this section.

"(3) If the referred doctor determines MMI has been reached and an IR evaluation is performed, the referred doctor must bill, and the insurance carrier must reimburse, both the MMI evaluation and the IR examination portions of the examination in accordance with subsection (c) of this section.

"(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.

(A) For musculoskeletal body areas, the referred 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).”

28 TAC §134.210(b) applies to the reimbursement of the disputed services and states in pertinent part, “(4) Fees established in §§134.235, 134.240, 134.250, and 134.260 of this title will be:

(A) adjusted once by applying the Medicare Economic Index (MEI) percentage adjustment factor for the period 2009 - 2024.

(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.”

2. The requester is seeking reimbursement for two units of procedure code 99456 rendered on April 19, 2025.

A review of the only explanation of benefits (EOB) submitted finds that the insurance carrier denied payment of the services rendered on April 19, 2025, due to duplicate billing and because the service had previously been billed and adjudicated. A review of the submitted documentation finds no evidence that the disputed service has been previously paid or otherwise adjudicated as of the date of this medical fee dispute resolution (MFDR) review. DWC finds that the insurance carrier’s reasons for denial of the disputed services rendered on April 19, 2025, are not supported.

The submitted documentation supports that the requester performed an evaluation of maximum medical improvement (MMI). Per 28 TAC §134.260, the maximum allowable reimbursement (MAR) for this examination is \$465.00.

A review of the submitted documentation finds that the requester performed an impairment rating (IR) evaluation of the two musculoskeletal body areas. The rule at 28 TAC §134.260 defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed is \$398.00. The MAR for the evaluation of the second musculoskeletal body area performed is \$199.00.

In accordance with 28 TAC §134.260, the reimbursements which apply to the disputed examination rendered on April 19, 2025, are:

- For an MMI examination reimbursement is \$465.00.
- For an IR of one musculoskeletal body area reimbursement is \$398.00.
- For an IR of the second musculoskeletal body area reimbursement is \$199.00.
- DWC finds that the total maximum allowable reimbursement for the examination in question rendered on April 19, 2025, is \$1,062.00.
- Per explanation of benefits submitted, the insurance carrier paid \$0.00 for the disputed services rendered on April 19, 2025.

- Reimbursement in the amount of \$1,062.00 is recommended.

DWC finds that reimbursement in the amount of \$1,062.00 is due for the services in dispute rendered on April 19, 2025.

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 reimbursement in the amount of \$1,062.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$1,062.00 reimbursement for the disputed services. It is ordered that Harris Health System must remit to Shellie Smith, D.C., \$1,062.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

December 11, 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 3 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 3 o correo electrónico CompConnection@tdi.texas.gov.