



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requester Name

Jamon Clayton, D.C.

Respondent Name

Indemnity Insurance Co.

MFDR Tracking Number

M4-25-2958-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

July 18, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 16, 2025	Designated Doctor Examination 99456-W5	\$351.50	\$29.00

Requester's Position

"Of the total billed amount of \$950.00, the claimant payout was \$511.50; \$351.50 is still owed. I kindly request your review and resolution of this fee dispute."

Requester's Supplemental Position per correspondence dated August 7, 2025:

"Thank you for the outstanding payment owed from the DOS of 06/16/25 for claimant ... Unfortunately, the carrier still has not satisfied the complete payment. The carrier initially paid[sic] 551.50, then made a secondary payment of 322.50 from the dispute. Please note that this adds to \$834, the 2024 fee for MMI/IR for 1 body area. As of 01/01/25, the new required TDI fee for MMI/IR for 1 body area is \$863. Therefore, an additional payment of \$29 is still required to satisfy this bill."

Amount in Dispute: \$351.50

Respondent's Position

"Upon receipt of the MDR requested, the bills were sent for reconsideration. An additional payment of \$351.50 for DOS 06/16/2025 was issued on 07/30/2025."

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 §134.240](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
3. [28 TAC §134.210](#) sets out the medical fee guideline for Workers' Compensation specific services.

Adjustment Reasons

- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 1 & 3 – Previous gross recommended payment amount on line: \$511.050; Additional recommended allowance of \$322.50 is being made based upon additional supporting documentation received.
- 4 – Rush Bill.
- W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title.

Issues

1. What amount of reimbursement has been allowed as of the date of this medical fee dispute resolution (MFDR) review for the designated doctor service in dispute?
2. What additional amount of reimbursement is the requester seeking as of the date of this MFDR review?
3. What rules apply to the service in dispute?
4. Is the requester entitled to additional reimbursement?

Findings

1. A review of the submitted explanation of benefits (EOB) finds that the following reimbursements have been allowed to date for the disputed service:
 - EOB dated July 10, 2025, allowed a total amount of \$511.50.
 - EOB dated July 25, 2025, allowed an additional \$322.50 for a total reimbursement amount of \$834.00.

DWC finds that the designated doctor service in dispute has received total reimbursement in the amount of \$834.00 as of the date of this MFDR review.

2. Per correspondence from the requester received by DWC on August 7, 2025, the requester acknowledges the supplemental payment made by the insurance carrier in the amount of \$322.50, bringing the total reimbursement for the disputed designated doctor service to \$834.00.

As of the date of this MFDR review, the requester is now seeking additional reimbursement in the amount of \$29.00, according to correspondence from the requester dated August 7, 2025.

3. This medical fee dispute involves an examination by a designated doctor 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 for a designated doctor examination under CPT code 99456-W5. CPT code 99456 indicates the service of a maximum medical improvement (MMI) and/or impairment rating (IR) examination by a designated doctor.

DWC finds that 28 TAC §134.240, adopted to be effective June 1, 2024, applies to the reimbursement of the services in dispute. 28 TAC §134.240 (d), states in pertinent part,

“(2) (C) If the designated doctor determines MMI has been reached and an IR evaluation is performed, both the MMI evaluation and the IR evaluation portions of the examination must be billed and reimbursed in accordance with subsection (d) of this section.

(3) MMI. MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier "W5."

(4) IR. For IR examinations, the designated doctor must bill, and the insurance carrier must reimburse the components of the IR evaluation. The designated doctor must apply the additional modifier "W5." Indicate the number of body areas rated in the unit's column of the billing form.

(A) For musculoskeletal body areas, the designated doctor may bill for a maximum of three body areas.

(i) Musculoskeletal body areas are:

- (I) spine and pelvis; (musculoskeletal structures of torso)
- (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).

(B) For non-musculoskeletal body areas, the designated doctor must bill, and the insurance carrier must reimburse, for each non-musculoskeletal body area examined.

(i) Non-musculoskeletal body areas are defined as follows:

- (I) body systems;
- (II) body structures (including skin); and
- (III) mental and behavioral disorders.

(ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides.

(iii) The reimbursement for the assignment of an IR in a non-musculoskeletal body area is \$192 adjusted per §134.210(b)(4)."

DWC finds that 28 TAC §134.210 applies to the annual fee adjustment of the disputed services, stating in pertinent part, "(b)(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."

4. The requester, Jamon Clayton, D.C., is seeking additional reimbursement in the amount of \$29.00 for a designated doctor examination rendered on June 16, 2025.

The submitted medical record supports that the requester, a designated doctor, performed an evaluation of maximum medical improvement (MMI) as ordered by DWC. Per 28 TAC §134.240 (d), the maximum allowable reimbursement (MAR) for this examination in 2025 is \$465.00.

A review of the submitted medical record additionally finds that the requester provided an impairment rating (IR) of one musculoskeletal body area. The rule at 28 TAC §134.240 defines the fees for impairment rating of musculoskeletal areas. The documentation submitted supports that the requester assigned an impairment rating for one musculoskeletal body area. The total allowable reimbursement in 2025 for the impairment rating in this designated doctor examination is \$398.00.

In accordance with 28 TAC §134.240, the reimbursements which apply to the disputed examination rendered on June 16, 2025, are:

- For an MMI examination, reimbursement is \$465.00.
- For the impairment rating of one musculoskeletal body area, reimbursement is \$398.00.
- DWC finds that the total MAR for the examination in question is \$863.00.
- Per explanation of benefits (EOB) documents submitted, the insurance carrier paid \$834.00.

- Additional reimbursement is recommended in the amount of \$29.00.

DWC finds that additional reimbursement is due in the amount of \$29.00 for the designated doctor services in dispute.

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 requester has established that additional reimbursement is due in the amount of \$29.00.

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 Indemnity Insurance Co. must remit to Jamon Clayton, D.C., \$29.00 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

October 8, 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 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.