



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Andrew Brylowski, M.D.

Respondent Name

Arch Indemnity Insurance Co.

MFDR Tracking Number

M4-25-3129-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 30, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 14, 2025 – April 15, 2025	Designated Doctor Examination 99456-W5	\$449.00	\$0.00
	Designated Doctor Examination 99456-W5	\$769.00	\$0.00
	99199	\$169.00	\$0.00
Total		\$1,387.00	\$0.00

Requester's Position

"99456-W5-WP: TAC §134.250(4)(C)(iii) states, 'If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier 'WP.' Reimbursement shall be 100 percent of the total MAR'

AMOUNT: \$1,218.00

"99199 51-59: This code was used for record organization, tagging, sorting, linking of specific record to report, and having the record available in the cloud for immediate viewing by stakeholder(s).

AMOUNT: \$169.00"

Amount in Dispute: \$1,387.00

Respondent's Position

"While the HCP has included the correct modifiers on the DWC60 form and in their position statement, to date there has been no CMS1500 form submitted with the correct modifiers ... **To date, no billing has been received correcting this billing error. No rule has been found that provides any exceptions for requiring the Requestor to bill the correct modifier ...**

"Record organizing, tagging, sorting, linking of specific record to report and having available in the cloud – does not warrant a separate charge or reimbursement. **No rule has been found that requires the DD to bill and be reimbursed separately for this process.**"

Response Submitted by: CorVel

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 §134.240](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

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

- Note: "ORGANIZING RECORDS IS NOT A SEPARATELY PAYABLE SERVICE"
- 16 – Svc lacks info needed or has billing error(s)
- 4 – Procedure code inconsistent with modifier used
- 234 – This procedure is not paid separately.
- 18 – Duplicate Claim/Service
- R1 – Duplicate Billing

Issues

1. Is Andrew Brylowski, M.D. entitled to reimbursement for procedure code 99456?
2. Is Dr. Brylowski entitled to reimbursement for procedure code 99199?

Findings

1. Andrew Brylowski, M.D. is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on April 14, 2025, through April 15, 2025, billed using procedure code 99456. The insurance carrier denied payment stating, in part, "Procedure code inconsistent with modifier used."

Per 28 TAC §134.240(d), "When conducting a designated doctor examination, the designated doctor must bill, and the insurance carrier must reimburse, using CPT code 99456 and with the modifiers and rates specified in subsections (d)(1) - (7)."

28 TAC §134.240(d)(3) states, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W5.'"

28 TAC §134.240(d)(4) states, in relevant part, "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 units column of the billing form."

The submitted medical bills indicate that the requester failed to include modifier "W5" with billed 99456 for the services in question. DWC finds that Dr. Brylowski is not entitled to reimbursement for these services.

2. Dr. Brylowski is seeking reimbursement for procedure code 99199. This procedure code is defined as "Unlisted special service, procedure, or report. A service, procedure or report that is above and beyond the usual for a condition." The insurance carrier denied payment stating, in part, "ORGANIZING RECORDS IS NOT A SEPARATELY PAYABLE SERVICE."

In his position statement, Dr. Brylowski stated, "This code was used for record organization, tagging, sorting, linking of specific record to report, and having the record available in the cloud for immediate viewing by stakeholder(s)."

The requester has failed to demonstrate its reasoning why this disputed fee should be paid; how the relevant Labor Code and DWC rules, including fee guidelines, impact the disputed fee issues; and how the submitted documentation supports the request for the disputed fee issue in accordance with 28 TAC §133.307(c)(2)(N). No reimbursement is recommended for this service.

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

September 26, 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.