



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Wright Singleton, M.D.

**Respondent Name**

American Zurich Insurance Co.

**MFDR Tracking Number**

M4-25-3267-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

August 13, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 21, 2025	Examination to Determine MMI and IR 99456	\$1,261.00	\$1,261.00

### Requester's Position

"The evaluation was authorized by Adjuster Stephanie Newman and took place on March 21, 2025 ... I am formally requesting your assistance in ensuring the insurance company reimburses the provider for the services rendered, along with applicable interest due to the delay in timely payment."

**Amount in Dispute:** \$1,261.00

### Respondent's Position

The Austin carrier representative for American Zurich Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on August 14, 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 \(TLC\) §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 workers' compensation specific services.
3. [28 TAC §134.260](#) sets out the fee guidelines for examinations to determine maximum medical improvement (MMI) and impairment rating (IR) by a referred doctor.

### Denial Reasons

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

- TXP12 – Workers' compensation jurisdictional fee schedule adjustment.
- 8867 – Procedure/service requires an appropriate modifier in order to be reimbursed. Please resubmit. Claimant may not be balanced billed.
- 309 – The charge for this procedure exceeds the fee schedule allowance.

### Issues

1. Is the insurance carrier's denial based on an appropriate modifier supported?
2. Is Wright Singleton, M.D. entitled to reimbursement for the examination in question?

### Findings

1. Dr. Singleton is seeking reimbursement for an examination referred by the treating doctor to determine MMI and IR performed on March 21, 2025. The requester billed for the services in question using procedure code 99456 with no modifier. The insurance carrier denied payment, stating in part, "Procedure/service requires an appropriate modifier in order to be reimbursed."

Fees for the examination in question are determined by 28 TAC §134.260. Dr. Singleton found that the injured employee was at MMI and provided an impairment rating for four body areas. 28 TAC §134.260 does not provide a modifier when billing for these services.

DWC finds that the insurance carrier's denial reason is not supported.

2. Because the insurance carrier failed to support its denial of payment, Dr. Singleton is entitled to reimbursement for the services in question.

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

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

- (i) Non-musculoskeletal body areas are:

- (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).

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 adjusted reimbursement rate for the MMI portion of the examination in question with date of service March 21, 2025, is \$465.00. Dr. Singleton provided impairment ratings for the upper extremity, eyes, face, and respiratory system. Therefore, the adjusted reimbursement rate for the IR portion of the examination in question is \$796.00.

The total reimbursement amount for the examination in question is \$1,261.00. This amount 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 reimbursement of \$1,261.00 is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that American Zurich Insurance Co. must remit to Wright Singleton, M.D. \$\$1,261.00 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

November 20, 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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).