



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Joe Huggins, D.C.

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-26-0021-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

September 2, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 5, 2025	Examination to Determine Maximum Medical Improvement and Impairment Rating - 99456	\$863.00	\$0.00

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: \$863.00

Respondent's Position

"On 05/20/2025, Texas Mutual received the attached bill for the MMI/IR exam from the health care provider. The bill included modifier 'WP' which was deleted as of 06/01/2024 so the bill was denied. On 05/27/2025, a second bill was received with no changes and was denied duplicate ...

"On 06/27/2025, Texas Mutual received the attached appeal which also included the 'WP' modifier and was denied. An EOB note was added letting the healthcare provider know that 'WP' modifier was no longer valid.

"On 08/07/2025, Texas Mutual received a second appeal ... which also had the 'WP' modifier and

it was also denied.”

Response Submitted by: Texas Mutual Insurance Co.

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 §134.260](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating performed by a referred doctor.

Denial Reasons

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

- CAC-P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- Note: “EFFECTIVE 6/1/24 – WP MOD HAS BEEN DELETED”
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 732 – Accurate coding is essential for reimbursement. Modifier billed incorrectly or missing. Services are not reimbursable as billed.
- 891 – No additional payment after reconsideration
- CAC-18 – Exact duplicate claim/service
- 878 – Appeal (request for reconsideration) previously processed. Refer to Rule 133.250(h)

Issues

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

Findings

1. Dr. Huggins is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating performed May 5, 2025, as referred by the injured employee’s treating doctor. The insurance carrier denied payment based, in part, on use of an inappropriate modifier.

28 TAC §134.260(c) states, "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."

Submitted evidence and statements support the insurance carrier's argument that the bills it received included CPT code 99456 with modifier WP. As of June 1, 2024, modifier WP no longer applies to examinations to determine maximum medical improvement and impairment rating. The evidence presented to DWC is not sufficient to support submission of a bill coded in accordance with 28 TAC §134.260. No reimbursement can be 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 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

October 17, 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.