



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### General Information

**Requester Name**

Victor Kumar-Misir, M.D.

**Respondent Name**

Fort Bend County

**MFDR Tracking Number**

M4-26-0112-01

**Carrier's Austin Representative**

Box Number 29

**DWC Date Received**

September 11, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 19, 2024	Designated Doctor Examination 99456-W5	\$449.00	\$449.00
November 19, 2024	99456-W5	\$192.00	\$192.00
November 19, 2024	99456-W8	\$642.00	\$642.00
	<b>Total:</b>	\$1,283.00	\$1,283.00

### Requester's Position

"Carrier has not responded to bill or reconsideration."

**Amount in Dispute:** \$1,283.00

### Respondent's Position

The Austin carrier representative for Fort Bend County is Dean G. Pappas Law Firm, LLC. The representative was notified of this medical fee dispute on September 15, 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 §134.240](#) 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

Neither party submitted an explanation of benefits with reasons for reduction or denial of payment for the disputed services.

### Issues

1. What rules apply to the service in dispute?
2. Have the services in dispute been allowed reimbursement as of the date of this review?
3. Is the requester entitled to reimbursement?

### Findings

1. 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; to provide impairment ratings (IR) if MMI has been reached; and to determine the ability of the injured employee to return to work.

On the disputed date of service, the requester billed a total amount of \$1,283.00 for CPT code 99456-W5 and CPT code 99456-W8. CPT code 99456 indicates the service of a MMI and/or IR examination by a doctor other than the treating doctor. Modifier W5 indicates the examination was performed by a designated doctor. Modifier W8 indicates a determination of the injured worker's ability to return to work.

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,

- (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)...

- (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)...
- (7) Return to work. The reimbursement rate for determining the ability of the injured employee to return to work is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W8'.

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.”

2. A review of the submitted documentation finds no evidence that the insurance carrier has responded to the medical bill submitted for the services in dispute and no evidence that the services in dispute have received reimbursement in any amount.

DWC finds that the services in dispute have not received reimbursement as of the date of this review.

3. The requester, Victor Kumar-Misir, M.D., is seeking reimbursement in the amount of \$1,283.00 for a designated doctor examination rendered on November 19, 2024.

The submitted medical record supports that the requester, a designated doctor, performed an evaluation of MMI as ordered by DWC. Per 28 TAC §134.240 (d), the maximum allowable reimbursement (MAR) for this examination is \$449.00.

A review of the submitted medical record additionally finds that the requester performed an IR evaluation of one non-musculoskeletal body area. The rule at 28 TAC §134.240 defines the fees for the calculation of an IR for non-musculoskeletal body areas. The MAR for the evaluation of a non-musculoskeletal area performed is \$192.00.

The requester assigned an IR for one non-musculoskeletal body area. The total allowable reimbursement for the impairment rating in this designated doctor examination is \$192.00.

The submitted medical record supports that Dr. Kumar-Misir performed, documented, and billed for the service of “Return to Work” in accordance with 28 TAC §134.240. Per 28 TAC §134.240 (d), the MAR for this examination is \$642.00.

In accordance with 28 TAC §134.240, the reimbursements which apply to the disputed examination rendered on November 19, 2024, are:

- For an MMI examination, reimbursement is \$449.00.
- For IR of one non-musculoskeletal body area, reimbursement is \$192.00.
- For a Return to Work determination, reimbursement is \$642.00.
- DWC finds that the total MAR for the examination in question is \$1,283.00.
- The insurance carrier paid \$0.00 as of the date of this review.
- Reimbursement in the amount of \$1,283.00 is recommended.

DWC finds that reimbursement in the amount of \$1,283.00 is due for the services in dispute.

### 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 is due in the amount of \$1,283.00.

## 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 Fort Bend County must remit to Victor Kumar-Misir, M.D. \$1,283.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### Authorized Signature

_____	_____	December 22, 2025
Signature	Medical Fee Dispute 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](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 3 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 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).