



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Joe Huggins, D.C.

Respondent Name

Prescient National Insurance Co

MFDR Tracking Number

M4-26-0435-01

Carrier's Austin Representative

Box Number 21

DWC Date Received

October 14, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 16, 2025	Examination to Determine Maximum Medical Improvement – 99456	\$465.00	\$465.00
July 16, 2025	Examination to Determine Impairment Rating – 99456	\$597.00	\$597.00
Total		\$1,062.00	\$1,062.00

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: \$1,062.00

Respondent's Position

“The provider failed to bill properly with modifier W5 as outlined under §134.240 (d)(3), as a result we have disallowed payment on line 1 and 2.”

Response Submitted by: Service First Medical

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 maximum medical improvement evaluations and impairment rating examinations by referred doctors.

Denial Reasons

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

- Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Is the requester entitled to reimbursement for the services in question?

Findings

1. The requester is seeking reimbursement of \$1,062.00 for an examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on July 16, 2025. Per DWC Form-069, *Report of Medical Examination*, Dr. Huggins was selected by the treating doctor, acting in place of the treating doctor.

The insurance carrier denied payment for these services based on a workers' compensation jurisdictional fee schedule adjustment. In its position statement, the insurance carrier argued that "the provider failed to bill properly with modifier W5 as outlined under §134.240 (d)(3)." Fee guidelines for the services considered in this dispute are found in 28 TAC §134.260 which states, in relevant part,

- (c) 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.

(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).

Modifier "W5" is not included in the fee guidelines for the services in question. DWC finds that the requester is entitled to reimbursement.

The adjusted reimbursement amount for determination of MMI for this date of service is \$465.00. The adjusted reimbursement amount for determination of the IR of the first musculoskeletal body area is \$398.00. The adjusted reimbursement amount for determination of the IR of the second musculoskeletal body area is \$199.00.

The total allowable reimbursement for the services considered in this dispute is \$1,062.00. 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 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 Prescient National Insurance Co must remit to Joe Huggins, D.C \$1,062.00 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

January 8, 2026

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.