



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Jeong Jun Su, D.C.

Respondent Name

Accident Fund General Insurance

MFDR Tracking Number

M4-26-0453-01

Insurance Carrier's Austin Representative

BOX 6 Stone Loughlin & Swanson LLP

DWC Date Received

October 15, 2025

Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due |
|--------------------|---|-------------------|------------|
| July 23, 2025 | Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-W5 | \$0.00 | \$0.00 |
| July 23, 2025 | Examination to Determine Ability to Return to Work – 99456-W8 | \$664.00 | \$664.00 |
| Total | | \$664.00 | \$664.00 |

Requester's Position

"Request for Assistance with Partial Payment of Workers' Compensation Medical Bill"

Amount In Dispute: \$664.00

Respondent's Position

"This charge was originally denied on 09/02/25 based on a discrepancy between the coding and form DWC069 submitted. Coding for this charge was reported as 99456-W8, which would indicate a Designated Doctor provided service. However, the DWC069 included with this billing indicates this service was provided by a Treating Doctor Referral.

Response Submitted By: Stone Loughlin Swanson

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [126.17](#) sets out the guidelines for a referral or treating doctor to address issues other than maximum medical improvement and impairment rating after a designated doctor examination.
3. 28 TAC Section [134.210](#) sets out the fee guidelines for workers' compensation specific services.
4. 28 TAC Section [134.260](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating by a referred doctor.

Adjustment Reasons

The insurance carrier reduced payment for the disputed services with the following reasons:

1. 016 – Claim/service lacks information or has submission/billing error(s).
2. 5178 – RECON: We have received no documentation that would alter our original recommendation. For this reason, it is our position that no additional reimbursement is due.
3. 016 – Not a requested or authorized report

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the requester entitled to additional reimbursement?

Findings

1. The requester is seeking reimbursement of \$664.00 for an examination to determine maximum medical improvement, impairment rating, and ability to return to work. Documentation submitted with this dispute indicates that the requester was performing the examination as a doctor selected by the treating doctor acting in place of the treating doctor.

The requester is seeking \$0.00 for the maximum medical improvement and impairment rating portion of the examination. Therefore, DWC will review reimbursement for the examination to determine the injured employee's ability to return to work.

2. The insurance carrier denied payment for the examination in question stating, in part,

"Claim/service lacks information or has submission/billing error(s)."

Review of the submitted documentation finds that the requester billed procedure code 99456 with modifier "W8" for the examination in question. 28 TAC Section 134.210(f)(19) defines modifier 'W8' as a "**designated doctor** examination for return to work [emphasis added]."

28 TAC Section 126.17 gives authorization for a referred doctor to perform the examination in question under certain circumstances, and 28 TAC Section 134.260 provides the billing and reimbursement guidelines for certain examinations performed by referred doctors. These rules do not assign procedure code 99456 or modifier "W8" to an examination to determine the injured employees ability to return to work when performed by a referred doctor.

DWC concludes that the insurance carrier's denial is supported. Therefore, the requester is not entitled to additional reimbursement.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code Sections [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

January 23, 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 Section [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 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.