



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Wright W. Singleton, M.D.

Respondent Name

Everest Premier Insurance Co

MFDR Tracking Number

M4-26-0508-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

October 15, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 6, 2025	Examination to Determine MMI and IR 99456	\$1,247.00	\$185.00
Total		\$1,247.00	\$185.00

Requester's Position

Initial Position Statement: "As of June 01, 2024, the Texas Fee Schedule CHANGED- no modifiers are required for this type of exam. Then on January 01, 2025, the Annual MEI percentage increase took place. Also, No modifiers are needed for this type of exam. The only time Modifiers are used is when it is a State Ordered DDE WHICH THIS WAS NOT.

"According to the NEW Texas FEE Schedule ...:

"At MMI (Unit 1): \$465.00

"Unit #2 (Body Part 1 ...): \$398.00

"Unit #3 (Body Part 2 ...): \$199.00

"Unit #4 (Body Part 3 ...): \$199.00

"Total: \$1,247.00"

Subsequent Position Statement: "... the DEC is disputing the reduction in payment of \$185.00 ... Our billing accurately reflects the amounts allowed by the Texas Fee Schedule; therefore, the DEC of Texas continues to request reimbursement for the full amount."

Amount In Dispute: \$185.00

Respondent's Position

"... while the carrier initially denied the provider's medical bill, in response to a request for reconsideration, the carrier reprocessed the provider's medical bill and issued payment in the amount of \$1,062 ... A check was issued to the provider on July 10, 2025 in the amount of \$1,062."

Response Submitted By: Flahive, Ogden & Latson

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 [134.240](#) sets out the fee guidelines for designated doctor examinations.

Adjustment Reasons

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

1. 10 – The billed service requires the use of a modifier code
2. 5141 – Bill has been reviewed by a nurse or under the direction of a nurse.
3. 600 – Allowance based on maximum number of units allowed according to the fee schedule and/or service code description or regulations.
4. 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
5. P12 – Workers' compensation jurisdictional fee schedule adjustment.
6. N572 – This procedure is not payable unless appropriate non-payable reporting codes and associated modifiers are submitted.
7. N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
8. 1001 – Based on the corrected billing and/or additional information/documentation now submitted by the provider, we are recommending further payment to be made for the above noted procedure code.
9. 2008 – Additional payment made on appeal/reconsideration.

Issues

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

Findings

1. The requester submitted this medical fee dispute for reimbursement of \$1,247.00 for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on March 6, 2025.

Per explanation of benefits dated July 9, 2025, the insurance carrier reimbursed the health care provider \$1,062.00. The requester is seeking an additional \$185.00. This is the amount considered in this dispute.

2. Per 28 TAC §134.240(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)."

28 TAC §134.240(d)(3) states, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W5.'"

28 TAC §134.240(d)(4) states, in relevant part, "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 units column of the billing form."

28 TAC §134.240(d)(4) states, in relevant part,

(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;

(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).

28 TAC §134.210(b)(4) states,

(4) 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 examination to determine MMI for date of service March 6, 2025, is \$465.00. The adjusted reimbursement rate for the determination of IR of the upper extremity for this examination is \$398.00. The adjusted reimbursement rate for the IR of the nose and skin is \$199.00 each.

The documentation submitted indicates the requester provided impairment ratings for three body areas – an upper extremity, the nose, and skin. The total reimbursement for the designated doctor examination considered in this examination is \$1,261.00. The requester billed \$1,247.00. The insurance carrier paid \$1,062.00. An additional reimbursement of \$185.00 is recommended.

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 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 additional reimbursement for the disputed services. It is ordered that Everest Premier Insurance Co must remit to Wright W. Singleton, M.D. \$185.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 6, 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.