TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name
Jamon Clayton, D.C.

Respondent Name
Ysleta ISD

MFDR Tracking Number
M4-26-0797-01

Insurance Carrier's Austin Representative
BOX 4 Law Office Of Ricky D Green

DWC Date Received
November 19, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
July 29, 2025	Designated Doctor Examination 99456-W5	$398.00	$398.00
	Total	$398.00	$398.00

Requester's Position

"... Per EDI billing guidelines, the minimum combined payment for this code is $863.00 for 1 unit. Of the total billed amount of $863.00, the claim payout was $465.00; $398.00 is still owed."

Amount In Dispute: $398.00

Respondent's Position

"It is our position that Dr. Clayton did not file this billing properly per Texas Administrative Code Rule 134.24(c) 'Each examination and its individual billable components will be billed and reimbursed separately.'"

Response Submitted By: Claims Administrative Services, Inc.

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

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. What is DWC considering in this medical fee dispute?

2. What rules apply to the services in dispute?

3. Is the requester entitled to additional reimbursement?

Findings

1. The requester is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) of one musculoskeletal body area. No explanations of benefits were provided. DWC will review this dispute in accordance with applicable rules.

2. The insurance carrier argued that the requester did not file a bill "properly per Texas Administrative Code Rule 134.24(c)."

   28 TAC Section 134.240(d) states, in relevant 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).

   (1) The total maximum allowable reimbursement (MAR) for a maximum medical improvement (MMI) or impairment rating (IR) examination is equal to the MMI evaluation reimbursement plus the reimbursement for the body area or areas evaluated for the assignment of an IR …

   (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 units column of the billing form.

(A) For musculoskeletal body areas, the designated doctor may bill for a maximum of three body areas.

(ii) For musculoskeletal body areas:

(I) the reimbursement for the first musculoskeletal body area is $385 adjusted per §134.210(b)(4) …

28 TAC Section 134.210(b)(4) states, "Fees established in Sections 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."

3. The bill submitted with this dispute indicates that the requester billed the MMI and IR components of the disputed examination the using CPT code 99456 and modifier "W5." The requester billed for one unit.

   DWC finds the adjusted maximum allowable reimbursement for the date of service in question is $863.00. The requester indicated that the insurance carrier paid $465.00. An additional reimbursement of $398.00 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 Ysleta ISD must

remit to Jamon Clayton, D.C. $398.00 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	May 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 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 electronico CompConnection@tdi.texas.gov.