



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Marcus Hayes, D.C.

**Respondent Name**

Hartford Ins Co of Illinois

**MFDR Tracking Number**

M4-26-1372-01

**Insurance Carrier's Austin Representative**

BOX 47 Burns Anderson Jury Brenner & Donovan

**DWC Date Received**

January 15, 2026

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 1, 2025	Examination to Determine MMI and IR by the Treating Doctor – 99455-V4, 1 unit	\$398.00	\$398.00
<b>Total</b>		\$398.00	\$398.00

### Requester's Position

"In this particular case, proper reimbursement should have included the V4 modifier (\$278.17) and one unit/body area (\$398.00). The Hartford remitted payment for the MMI certification, but not for the impairment rating determination. Therefore, AI&FATC requests The Hartford to remit \$398.00 for the impairment rating determination."

**Amount In Dispute:** \$398.00

### Respondent's Position

"After further review of the documentation submitted with this dispute, there is no additional amount warranted. The original bill for dos 12/1/25 was received on 12/5/25 ... paid per State/Jurisdictional Fee Schedule in the amount of \$278.17 on 12/11/25.

**Response Submitted By:** The Hartford

## 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 [134.210](#) sets out the fee guidelines for workers' compensation specific services.
3. 28 TAC Section [134.250](#) sets out the fee guidelines for maximum medical improvement and impairment examinations by treating doctors.

### Adjustment Reasons

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

1. P12 – Workers' compensation jurisdictional fee schedule adjustment.
2. 309 – The charge for this procedure exceeds the fee schedule allowance.
3. 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
4. 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
5. 2005 – No additional reimbursement allowed after review of 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 is seeking \$398.00 additional reimbursement for an examination by the treating doctor to determine maximum medical improvement (MMI) and impairment rating (IR) for one musculoskeletal body area. This examination was billed with 99455-V4 for \$676.17. The insurance carrier paid \$278.17. This is the service considered in this dispute.
2. The fees for the services in question are found in 28 TAC Section 134.250, which states in subsection (c), "The following applies for billing and reimbursement of an MMI or IR evaluation by a treating doctor.

(1) CPT code. The treating doctor must bill using CPT code 99455 with the appropriate modifier. Modifiers "V3," "V4," or "V5" must be added to CPT code 99455 to correspond

with the last digit of the applicable office visit.

- (2) MMI. MMI evaluations must be reimbursed based on the applicable established patient office visit level associated with the examination under §134.203 of this chapter.
- (3) IR. For IR examinations, the treating 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 treating 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)

Dr. Hayes billed the examination using procedure code 99455 with modifier V4, therefore, maximum allowable reimbursement (MAR) for the MMI portion of the examination corresponds to established office visit 99214, reimbursed in accordance with 28 TAC Section 134.203.

28 TAC Section 134.203(c) states, in relevant part, "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

- (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83 ...
- (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year ..."

To determine the MAR, the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) x Medicare Participating Amount.

- The DWC conversion factor for 2025 is 70.18.

- The Medicare conversion factor for the date of service in question is 32.3465.
- Per the submitted medical bills, the service was rendered in zip code 77034 which is in Medicare locality 0441218.
- The Medicare participating amount for CPT code 99214 is \$128.21.

The MAR for the MMI portion of the examination in question is calculated as follows:  $(\$70.18/32.3465) \times \$128.21 = \$278.17$ . The adjusted MAR for the IR portion of the examination is \$398.00. The total allowable reimbursement is \$676.17. The insurance carrier paid \$278.17. An additional reimbursement of \$398.00 is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence the 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 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 Hartford Ins Co of Illinois must remit to Marcus Hayes, 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

April 10, 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](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 800-252-7031, option three 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 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](mailto:CompConnection@tdi.texas.gov).