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

General Information

Requester Name

Ferral Endsley, D.O.

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-26-1553-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

January 30, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 27, 2025	Examination to Determine MMI and IR 998455-V3	$398.00	$398.00
	Total	$398.00	$398.00

Requester's Position

"The original amount was billed in accordance to this rule. I billed a 99213 in which the MAR is $187.33, PLUS the impairment rating of either $199 or $398. We were only paid for the office visit even though the HCFA clearly states this was for an impairment rating."

Amount In Dispute: $398.00

Respondent's Position

The Austin carrier representative for AIU Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on February 4, 2026.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 134.203 sets out the fee guidelines for professional medical 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. 309 – The charge for the procedure exceeds the fee schedule allowance.
2. P12 – Workers' compensation jurisdictional fee schedule adjustment.
3. N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.

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 for an examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed as the treating doctor on October 27, 2025. The insurance carrier reduced payment citing fee guidelines. DWC will review the services in question in accordance with applicable rules.
2. The fees for the services in question are found in 28 TAC Section 134.250. The submitted documentation indicates that Dr. Endsley determined that the injured employee had reached MMI and performed an IR evaluation of a musculoskeletal body area. Per 28 TAC Section 134.250(b)(3) states, "If the treating doctor determines MMI has been reached and

an IR evaluation is performed, the treating doctor must bill, and the insurance carrier must reimburse, **both the MMI evaluation and the IR evaluation portions of the examination in accordance with subsection (c) of this section.**" [emphasis added]

28 TAC Section 134.250 states in subsection (c),

(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.

The requester billed the examination using procedure code 99455 with modifier "V3," therefore, maximum allowable reimbursement (MAR) corresponds to established office visit 99213, reimbursed in accordance with 28 TAC Section 134.203.

28 TAC Section 134.203(c) states, in relevant part,

(c) 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 79601 which is in Medicare locality 0441299.
- The Medicare participating amount for CPT code 99213 is $86.34.

The MAR is calculated as follows: (70.18/32.3465) x $86.34 = $187.33.

28 TAC Section 134.250(c)(3)(A)(ii)(I) states, "the reimbursement for the first musculoskeletal body area is $385 adjusted per §134.210(b)(4)." The adjusted reimbursement for the date of service in question is $398.00.

The total allowable reimbursement for the services in question $585.33. Per explanation of benefits dated November 13, 2025, the insurance carrier paid $187.33. 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 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 AIU Insurance Co must remit to Ferral Endsley, D.O. $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 5, 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.