TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Trenton Weeks, D.C.

Respondent Name

Berkshire Hathaway Direct Ins

MFDR Tracking Number

M4-26-1578-01

Insurance Carrier's Austin Representative

BOX 6 Stone Loughlin & Swanson LLP

DWC Date Received

February 2, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 1, 2025	Examination to Determine MMI and IR 99456-W5	$863.00	$0.00
	Total	$863.00	$0.00

Requester's Position

"Carrier has not responded with an appropriate EOR … We have no record of payment for the outstanding balance for this billed examination."

Amount In Dispute: $863.00

Respondent's Position

The Austin carrier representative for Berkshire Hathaway Direct Ins. is Stone Loughlin & Swanson, LLP. The representative was notified of this medical fee dispute on February 3, 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 133.240 sets out the procedures for payment, reduction, or denial of a medical bill.
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

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

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the insurance carrier submit explanations of benefits (EOBs) for the disputed services?
3. Is the requester entitled to reimbursement?

Findings

1. The requester is seeking reimbursement for an examination to determine maximum medical improvement (MMI) and impairment rating (IR) as referred by the treating doctor. No explanations of benefits were received with this dispute. No response was received from the insurance carrier or its representative. Therefore, this dispute will be reviewed with available information.
2. The requester argued that it did not receive payment or an explanation of denial for medical bills submitted for the examination in question.

   Per 28 TAC Section 133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC indicates that a complete bill for the services in question was received by the insurance carrier or its agent. DWC found no evidence that the insurance carrier took final action on the bill for the service in question.

3. The requester billed the service in question using CPT code 99456 with modifier "W5." Per 28 TAC Section 134.260(c) states, in relevant part,

   (c) The following applies for billing and reimbursement of an MMI or IR evaluation by a referred doctor.

      (1) CPT code. The referred doctor must bill using CPT code 99456 with the appropriate modifier.

   28 TAC Section 134.210(f) states, in relevant part,

   (f) The following division modifiers must be used by health care providers billing professional medical services for correct coding, reporting, billing, and reimbursement of the procedure codes …

      (16) W5, **designated doctor** examination for impairment or attainment of MMI – This modifier must be added to the appropriate examination code performed by a designated doctor when determining impairment caused by the compensable injury and in attainment of MMI. [emphasis added]

   Because the "W5" modifier identifies an examination as performed by a designated doctor, the requester used an inappropriate billing code that misidentified the examination in question. DWC cannot recommend reimbursement.

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 not established that 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	May 18, 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.