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

General Information

Requester Name

Dr. Scott Harrell

Respondent Name

Twin City Fire Insurance Company

MFDR Tracking Number

M4-26-1605-01

Insurance Carrier's Austin Representative

BOX 47 Burns Anderson Jury Brenner & Donovan

DWC Date Received

February 4, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
February 4, 2025	99456	$1,261.00	$1,261.00
	Total	$1,261.00	$1,261.00

Requester's Position

"Provider submitted billing via mail and provider received an EOB indicating payment was issued in a prior claim. A request for reconsideration was submitted indicating there were two CMS1500 claims submitted for two different services. One was for an alternate MMI/IR post Designated Doctor exam and there was a second claim submitted for an EOI post Designated Doctor exam. The EOI post DD exam was paid at $664.00 and completed, however, the post MMI/IR exam claim was not paid and provider is seeking MFDR based on DWC fee scheduled for MMI/IR for services in 2025 with DWC-60 form and supporting documentation attached."

Amount In Dispute: $1,261.00

Respondent's Position

The Austin carrier representative for Twin City Fire Insurance Company is Burns Anderson Jury Brenner & Donovan. The representative was notified of this medical fee dispute on February 6, 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 134.260 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating by a referred doctor.
3. 28 TAC Section 134.250 sets out the fee guidelines for maximum medical improvement and impairment examinations by treating doctors.
4. 28 TAC Section 134.210 sets out the fee guidelines for workers' compensation specific services.

Adjustment Reasons

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

1. B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
2. 247 – A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rules apply to the services in dispute?
3. Is the insurance carrier's denial based on previously paid service supported?
4. Is the requester entitled to reimbursement?

Findings

1. This medical fee dispute resolution (MFDR) request involves non-payment of an examination referred by the treating doctor to the requester, Dr. Scott Harrell, for the purpose of establishing: if maximum medical improvement (MMI) has been reached; what date MMI was reached if applicable; and to provide impairment ratings (IR) if MMI has been reached.

   The requester is seeking reimbursement for the afore-mentioned services in the amount of $1,261.00. DWC will review the submitted documentation to determine entitlement to reimbursement in accordance with DWC Statutes and Rules.

2. On the disputed date of service, the requester billed $1,261.00 for four lines of CPT code 99456. CPT code 99456 indicates the service of a maximum medical improvement (MMI) and/or impairment rating (IR) examination by a doctor other than the treating doctor.

   28 TAC Section 134.250 which sets out the fee guidelines for maximum medical improvement examinations and impairment ratings, states in pertinent part, "(b) Treating doctors must only bill and be reimbursed for an MMI and IR examination if they are an authorized doctor in accordance with the Labor Code and Chapter 130 and §180.23 of this title… (4) If the treating doctor is not authorized to assign an IR, **the treating doctor may refer the injured employee to an authorized doctor for the examination and certification of MMI and IR. The referred doctor must bill under §134.260 of this chapter."**

   28 TAC Section 134.260 which applies to the billing and reimbursement of the service in dispute states in pertinent part, "(b) Referred doctors must only bill and be reimbursed for an MMI or IR examination if they are an authorized doctor in accordance with the Labor Code and Chapter 130 and §180.23 of this title.

   > "(1) If the referred doctor determines that MMI has not been reached, the referred doctor must bill, and the insurance carrier must reimburse, the MMI evaluation portion of the examination in accordance with subsections (c)(1) and (c)(2) of this section. The referred doctor must add modifier 'NM.'
   >
   > "(2) If the referred doctor determines that MMI has been reached and there is no permanent impairment because the injury was sufficiently minor and IR evaluation is not warranted, the referred doctor must bill, and the insurance carrier must reimburse, only the MMI evaluation portion of the examination in accordance with subsections (c)(1) and (c)(2) of this section.
   >
   > "(3) If the referred doctor determines MMI has been reached and an IR evaluation is performed, the referred doctor must bill, and the insurance carrier must reimburse, both the MMI evaluation and the IR examination portions of the examination in accordance with subsection (c) of this section.

   "(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.

"(2) MMI. MMI evaluations will be reimbursed at $449 adjusted per §134.210(b)(4).

"(3) IR. For IR examinations, the referred 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 referred 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)."

28 TAC Section 134.210(b) applies to the reimbursement of the disputed services and states in pertinent part, "(4) Fees established in §§134.235, 134.240, 134.250, and **134.260** of this title will be:

(A) adjusted once by applying the Medicare Economic Index (MEI) percentage adjustment factor for the period 2009 - 2024.

(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 insurance carrier denied reimbursement for the disputed services asserting that the services in dispute had been previously paid.

A review of the submitted documentation finds a payment was made to the requester in the amount of $664.00 for an examination rendered on February 4, 2025, to determine the extent of the employee's compensable injury. However, in its review of the submitted documentation, DWC finds no evidence to support that the examinations to determine MMI and IR, rendered on February 4, 2025, have received payment. Therefore, DWC finds that the insurance carrier's reason for denial of the services in dispute is not supported.

4. The requester is seeking reimbursement in the amount of $1,261.00 for CPT code 99456 representing an examination to determine MMI and IR rendered on February 4, 2025. Because the insurance carrier's reason for denial is not supported, DWC finds that the requester is entitled to reimbursement.

   The submitted documentation supports that the requester performed an evaluation of maximum medical improvement (MMI). Per 28 TAC Section 134.260, the maximum allowable reimbursement (MAR) for this examination is $465.00.

   A review of the submitted documentation finds that the requester performed impairment rating (IR) evaluations of three musculoskeletal body areas. The rule at 28 TAC Section 134.260 defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed is $398.00. The MAR is $199.00 for the evaluation of each additional musculoskeletal body area up to a total of three body areas. The MAR for the disputed IR evaluations rendered on February 4, 2025, is $796.00.

   In accordance with 28 TAC Section 134.260, the reimbursements which apply to the disputed examination rendered on February 4, 2025, are:

   - For an MMI examination reimbursement is $465.00.
   - For an IR of the first musculoskeletal body area reimbursement is $398.00.
   - For an IR of two additional musculoskeletal body areas reimbursement is $398.00.
   - DWC finds that the total MAR for the examination in question rendered on February 4, 2025, is $1,261.00.
   - Per explanation of benefits submitted, the insurance carrier paid $0.00 for the disputed services.
   - Reimbursement in the amount of $1,261.00 is recommended.

   DWC finds that reimbursement in the amount of $1,261.00 is due for the services in dispute rendered on February 4, 2025.

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 reimbursement for the disputed services. It is ordered that Twin City Fire Insurance Company must remit to Dr. Scott Harrell $1,261.00 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 7, 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.