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

General Information

Requester Name

J. Scott Harris, D.C.

Respondent Name

OBI National Insurance Co

MFDR Tracking Number

M4-26-1634

Insurance Carrier's Austin Representative

BOX 29 Pappas & Suchma PC

DWC Date Received

February 6, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 3, 2025	99456-W5	$2,502.00	$863.00
December 3, 2025	99456-W6	$642.00	$664.00
December 3, 2025	99456-MI	$192.00	$66.00
	Total	$3,336.00	$1,593.00

Requester's Position

"We contend that we are due reimbursement for the injured employee's requested and subsequently ordered designated doctor evaluation by a Presiding Officer's Directive."

Amount In Dispute: $3,336.00

Respondent's Position

The Austin carrier representative for OBI National Insurance Co. is Dean G Pappas Law Firm LLC. The representative was notified of this medical fee dispute on February 10, 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 134.240 sets out the fee guidelines for designated doctor examinations.
3. 28 TAC Section 134.210 sets out the fee guidelines for workers' compensation specific services.
4. Labor Code Section 408.0041 sets out the requirements for designated doctor examinations.

Adjustment Reasons

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

1. 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer.
2. 192 – NON STANDARD ADJUSTMENT CODE FROM PAPER REMITTANCE.
3. Comments: Since he has completed the recommended treatment as supported by the ODG for the compensable diagnosis and no further treatment has been recommended for the compensable diagnosis, it is fair to say that we could anticipate no further material recovery from this injury after 11/12/24 and that would be the earliest point for MMI.

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 reason supported?
4. Is the requester entitled to reimbursement?

Findings

1. This medical fee dispute resolution (MFDR) request involves an examination rendered by a designated doctor on December 3, 2025, ordered by DWC 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 as well as to determine the injured employee's extent of compensable injuries (EOI).

   The insurance carrier denied reimbursement for the disputed services. The requester is seeking reimbursement in the total amount of $3,336.00.

   In its review of the submitted documentation DWC will consider whether the insurance carrier's reason for denial is supported and whether the requester is entitled to reimbursement for the services in this dispute rendered on December 3, 2025.

2. On the disputed date of service, the requester billed a total amount of $3,336.00 for designated doctor services billed under CPT codes 99456-W5, 99456-W6 and 99456-MI. CPT code 99456 indicates the service of MMI and/or IR examination by a designated doctor.

   DWC finds that 28 TAC Section 134.240, adopted to be effective June 1, 2024, applies to the reimbursement of the services in dispute. 28 TAC §134.240 (d), states in pertinent part,

   > "(2) (C) If the designated doctor determines MMI has been reached and an IR evaluation is performed, both the MMI evaluation and the IR evaluation portions of the examination must be billed and reimbursed in accordance with subsection (d) of this section.
   >
   > (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 unit's column of the billing form.

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

(i) Musculoskeletal body areas are:

(I) spine and pelvis; (musculoskeletal structures of torso)

(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).

(B) For non-musculoskeletal body areas, the designated doctor must bill, and the insurance carrier must reimburse, for each non-musculoskeletal body area examined.

(i) Non-musculoskeletal body areas are defined as follows:

(I) body systems;

(II) body structures (including skin); and

(III) mental and behavioral disorders.

(ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides.

(iii) The reimbursement for the assignment of an IR in a non-musculoskeletal body area is $192 adjusted per §134.210(b)(4) …

(D) When multiple IRs are required as a component of a designated doctor examination under this title, the designated doctor must bill for the number of body areas rated, and the insurance carrier must reimburse, $64 adjusted per §134.210(b)(4) for each additional IR calculation.

(E) When the division requires the designated doctor to complete multiple IR calculations, the designated doctor must apply the additional modifier 'MI'.

(5) Extent of injury. The reimbursement rate for determining the extent of the employee's compensable injury is $642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W6'."

DWC finds that 28 TAC Section 134.210 applies to the annual fee adjustment of the disputed services, stating in pertinent part, "(b)(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. A review of the submitted explanation of benefits (EOB) finds that the insurance carrier denied reimbursement of the disputed designated doctor services asserting that the services were non-covered because they were not deemed to be a medical necessity by the payer.

   Texas Labor Code (TLC) Section 408.0041 which sets out the requirements for designated doctor examinations, states in pertinent part, "(a) At the request of an insurance carrier or an employee, or on the commissioner's own order, **the commissioner may order** a medical examination to resolve any question about:

   (1) the impairment caused by the compensable injury;
   (2) the attainment of maximum medical improvement;
   (3) the extent of the employee's compensable injury;
   (4) whether the injured employee's disability is a direct result of the work-related injury;
   (5) the ability of the employee to return to work; or
   (6) issues similar to those described by Subdivisions (1)-(5) …

   "(h) **The insurance carrier shall pay for**:

   (1) an examination required under Subsection (a), (f), or (f-2), unless otherwise prohibited by this subtitle or by an order or rule of the commissioner;"

   A review of the submitted documentation finds a Commissioner's Order for the designated doctor examination to be rendered by the requester, J. Scott Harris, D.C., on December 3, 2025, in compliance with TLC Section 408.0041.

   DWC finds that the insurance carrier's reason for denial of payment is not supported.

4. The requester is seeking reimbursement in the total amount of $3,336.00 for a commissioner ordered designated doctor examination rendered on December 3, 2025, billed under 99456-W5 x 3 units, 99456-W6 x 1 unit, and 99456-MI x 3 units.

   Because the insurance carrier's reason for denial is not supported, DWC finds that the requester is entitled to reimbursement. Therefore, DWC will adjudicate the disputed services

for the maximum allowable reimbursement (MAR) in accordance with 28 TAC Section 134.240.

A review of the submitted documents finds that on the disputed date of service the medical record supports that the requester, a designated doctor, performed an evaluation of MMI as ordered by DWC. Per 28 TAC Section 134.240 (d), the MAR in 2025 for this examination is $465.00.

A review of the submitted medical record additionally finds that the requester provided an IR of one body area. The rule at 28 TAC Section 134.240 defines the fees for impairment ratings. The MAR for the evaluation of one body area performed in 2025 is $398.00.

The medical record submitted supports that the designated doctor performed one additional calculation of IR for the same body area referenced above, as requested by DWC. The rule at 28 TAC Section 134.240 defines the fee for additional IR calculations. The MAR for one additional IR calculation is $66.00.

The submitted medical record supports that the designated doctor performed an examination to determine the extent of the injured employee's compensable injuries as requested by DWC. The rule at 28 TAC Section 134.240 defines the fee for determination of extent of injury examinations. The MAR for extent of injury determination in 2025 is $664.00.

In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered by Dr. Harris on December 3, 2025, are as follows:

- For the examination of MMI, the MAR is $465.00
- For the determination of IR for one musculoskeletal body area the MAR is $398.00
- For one additional IR calculation the MAR is $66.00
- For the extent of injury evaluation, the MAR is $664.00
- The total MAR for the disputed date of service is $1,593.00

DWC finds that the requester is entitled to reimbursement in the total amount of $1,593.00 for the disputed designated doctor examination rendered by Dr. Harris on December 3, 2025, for services billed under CPT codes 99456-W5, 99456-W6, and 99456-MI.

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 OBI National Insurance Co must remit to J. Scott Harris, D.C. $1,593.00 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 13, 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.