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

M4-26-1677-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

February 12, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 15, 2025	Examination to Determine MMI and IR 99455-V4	$398.00	$398.00
	Total	$398.00	$398.00

Requester's Position

"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 13, 2026.

Per 28 Texas Administrative Code Section 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 134.250 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. 1001 – Based on the corrected billing and/or additional information/documentation now submitted by the provider, we are recommending further payment to be made for the above noted procedure code.
2. 2008 – Additional payment made on appeal/reconsideration.
3. P12 – Workers' compensation jurisdictional fee schedule adjustment.
4. N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
5. 247 – A payment or denial has already been recommended for this service.
6. 18 – Exact duplicate claim/service
7. N111 – No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.

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. The

insurance carrier reduced payment citing fee guidelines. DWC will review these services in accordance with applicable rules.

2. According to the report provided to DWC, the requester certified that the injured employee had reached MMI and provided an IR for the spine and lower extremity.

   The fees for the services in question are found in 28 TAC Section 134.250(c), which states in relevant part,

   (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 V4, therefore, maximum allowable reimbursement (MAR) 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,

   (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 for the MMI portion of the examination in question, 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 99214 is $121.66.

The MAR is calculated as follows: (70.18/32.3465) x $121.66 = $263.96.

28 TAC Section 134.250(c)(3) states in relevant part,

(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); and

(II) the reimbursement for each additional musculoskeletal body area is $192 adjusted per §134.210(b)(4).

The requester billed one unit for the assignment of impairment rating. Therefore, the adjusted reimbursement for the date of service in question is $398.00.

DWC finds the total reimbursement is $661.96. The insurance carrier paid $263.96. The requester is entitled to an additional reimbursement of $398.00.

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 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.