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

General Information

Requester Name

Charles W. Hebert, D.C.

Respondent Name

Tri-State Ins Co of Minnesota

MFDR Tracking Number

M4-26-1722-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

February 17, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 27, 2025	Examination to Determine MMI and IR 99456	$1,261.00	$1,261.00
	Total	$1,261.00	$1,261.00

Requester's Position

"The Disability Evaluating Center of Texas would like to appeal the reduction in payment for the services rendered for the above listed claimant … As of June 01, 2024, the Texas Fee Schedule CHANGED- NO MODIFIERS ARE REQUIRED FOR THIS TYPE OF EXAM."

Amount In Dispute: $1,261.00

Respondent's Position

The Austin carrier representative for Tri-State Ins Co of Minnesota is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on February 20, 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.

Adjustment Reasons

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

1. 402 – The appropriate modifier was not utilized.
2. ANSI16 – Unable to Process Until Valid/Proper Bill is Submitted
3. ANSI14 – 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
4. B1008 – Unable to Process Until Valid/Proper Bill is Submitted.

Issues

1. What is DWC considering in this medical fee dispute?
2. 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. The insurance carrier denied payment stating that "the appropriate modifier was not utilized." No response to this dispute was received from the insurance carrier. Therefore, DWC will review the services in question with the information available and the appropriate rules.
2. The fees for examinations to determine MMI and IR that are referred by the treating doctor are found in 28 TAC Section 134.260, which 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.

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

(3) 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).

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

(i) Non-musculoskeletal body areas are:

(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).

No modifiers are assigned to the services in question. Therefore, the insurance carrier's denial is not supported. DWC finds that the requester is entitled to reimbursement.

The requester certified that the injured employee was at MMI and provided impairment ratings for a [redacted], upper extremity, and the respiratory system. The adjusted reimbursement for the disputed services is $1,261.00. This amount 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 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 Tri-State Ins Co of Minnesota must remit to Charles W. Hebert, D.C. $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 20, 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.