



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Charles Xeller, MD

**Respondent Name**

Benchmark Insurance Co

**MFDR Tracking Number**

M4-26-1821-01

**Insurance Carrier's Austin Representative**

BOX 19 Flahive Ogden & Latson

**DWC Date Received**

September 19, 2025

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
November 26, 2024	Designated Doctor Examination 99456 W5	\$192.00	\$192.00
November 26, 2024	Designated Doctor Examination 99456 25	\$300.00	\$300.00
<b>Total</b>		<b>\$492.00</b>	<b>\$492.00</b>

### Requester's Position

"The following bill was audited and paid incorrectly."

**Amount In Dispute:** \$492.00

### Respondent's Position

"The provider billed \$641 under CPT 99456 with the W5 modifier and billed \$300 under CPT 99456 with the W5 modifier. The provider billed a total of \$941. He acknowledged that the carrier had paid him \$449. He is seeking an additional payment of \$492. Of that amount, \$192 is attributed to CPT 99456 with the W5 modifier and \$300 is based on CPT 99456 with a 25 modifier. We are attaching a copy of the carriers EORs dated January 6, 2025 and May 12, 2025. The carrier is paying an additional \$16 under CPT 99456 with the W5 modifier. The carrier previously paid \$449. Total

reimbursement amount for that line item is \$465. The provider is not entitled to any additional payment.”

**Response Submitted By:** Flahive, Ogden & Latson

## **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 [134.240](#) sets out the fee guidelines for designated doctor examinations.

### Adjustment Reasons

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

1. 309 – The charge for this procedure exceeds the fee schedule allowance.
2. 4150 - An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed.
3. 5141 - Bill has been reviewed by a nurse or under the direction of a nurse.
4. 943 - Documentation does not support billed charge. No recommendation of payment can be made.
5. 16 - Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
6. P12 - Workers' compensation jurisdictional fee schedule adjustment.
7. N706 – Missing documentation
8. N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
9. OA – Other adjustment
10. PI – These are adjustments initiated by the payer, for such reasons as billing errors or services that are considered not 'reasonable or necessary'. The amount adjusted is generally

not the patient's responsibility, unless the workers' compensation state law allows the patient to be billed.

11. 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
12. 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
13. 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
14. W3 – Bill is a reconsideration or appeal

### Issues

1. What is DWC considering in this medical fee dispute?
2. Has the insurance carrier reimbursed the requester for the designated doctor examination services in dispute?
3. Is the insurance carrier's reduction supported?
4. Is the requester entitled to additional reimbursement?

### Findings

1. Dr. Xeller is seeking additional reimbursement of \$492 for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR), requiring a board-certified specialist.
2. A review of the submitted documentation finds an explanation of review (EOR) dated January 6, 2025 allowing reimbursement for the disputed services in the total amount of \$449.00. The IC's response indicates that an additional payment of \$16.00 was issued for 99456-W5, bringing the total payment to \$465.00, however the IC did not provide sufficient evidence that the additional \$16.00 payment was made to the requester. The total amount paid is \$449.00.
3. The insurance carrier denied payment for 99456-25 with code "PI-These are adjustments initiated by the payer, for such reasons as billing errors or services that are considered not 'reasonable or necessary'. The amount adjusted is generally not the patient's responsibility, unless the workers' compensation state law allows the patient to be billed."

Benchmark Insurance Co denied payment based, in part, on medical necessity. The requester was ordered to perform this examination by DWC. Therefore, medical necessity is not applicable.

4. A review of the submitted documentation finds that the requester, a designated doctor, performed an MMI and a division ordered IR with board certification required.

28 TAC Section 134.240(d)(3) states, "MMI. MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier

'W5.'

28 TAC Section 134.240(d)(4) states, in relevant part, "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 units column of the billing form."

28 TAC Section 134.240 (g) states, "When the division orders the designated doctor to perform an examination of an injured employee with one or more of the diagnoses listed in §127.130(b)(9)(B) - (I) of this title:

- (1) The designated doctor must add modifier '25' to the appropriate examination code.
- (2) The designated doctor must add modifier '25' once per bill when addressing issues on the same day, regardless of the number of diagnoses or the number of issues the division ordered the designated doctor to examine.
- (3) The designated doctor must bill, and the insurance carrier must reimburse, \$300 adjusted per §134.210(b)(4) in addition to the examination fee."

In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on November 26, 2024, are:

<b>Designated Doctor Exam Fees for dates of service 6/1/2024 - 12/31/2024</b>	
MMI exam	\$449
Multiple IR exams by DD only (on request by DWC) x 3	\$192
Specialist fee by DD only	\$300
<b>Total</b>	<b>\$941.00</b>

DWC finds that the total reimbursement is \$941.00. The carrier paid \$449.00 on January 6, 2025; therefore, the requester is entitled to the remaining amount of \$492.00.

### Conclusion

The outcome of this medical fee dispute is based on the evidence 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 Benchmark

Insurance Co must remit to Charles Xeller, MD \$492.00 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

February 27, 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](http://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](mailto: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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).