TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Andrew Brylowski, M.D.

Respondent Name

Ace American Insurance Company

MFDR Tracking Number

M4-26-1859-01

Insurance Carrier's Austin Representative

BOX 15 Downs Stanford PC

DWC Date Received

February 27, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 25, 2025 – October 25, 2025	Designated Doctor Examination 99456-NM	$465.00	$0.00
September 25, 2025 – October 25, 2025	Designated Doctor Examination 99456-SP	$311.00	$0.00
September 25, 2025 – October 25, 2025	99199-51-59	$488.00	$0.00
September 25, 2025 – October 25, 2025	Designated Doctor Exam 99456-25	$300.00	$0.00
September 25, 2025 – October 25, 2025	90792-51-59	$3,335.00	$0.00
September 25, 2025 – October 25, 2025	96116-51-59	$197.00	$0.00
September 25, 2025 – October 25, 2025	96121-51-59	$1,607.00	$0.00
September 25, 2025 – October 25, 2025	96132-51-59	$3,881.00	$0.00
September 25, 2025 – October 25, 2025	96133-51-59	$3,508.00	$0.00
September 25, 2025 – October 25, 2025	96136-51-59	$90.00	$0.00

September 25, 2025 – October 25, 2025	96137-51-59	$1,341.00	$0.00
	Total	$15,523.00	$0.00

Requester's Position

"**99456-NM**: TAC §134.250(4)(C)(iii) states, 'If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier 'NM.' Reimbursement shall be 100 percent of the total MAR' …

"**99456-25-SP**: 28 TAC §134.240 states 'The designated doctor can bill for neuropsychiatric testing based on their assessment of the musculoskeletal examination …

"**99199-51-59**: This code was used for record organization, tagging, sorting, linking of specific record to report, and having the record available in the cloud for immediate viewing by stakeholder(s) …

"**99456-25**: 28 TAC §134.240 states 'The designated doctor can bill for neuropsychiatric testing based on their assessment of the musculoskeletal examination …

"**90792 51-59, 96116 51-59, 96121 51-59:** … the correct billing of multiple CPT codes necessary for the COMPREHENSIVE FORENSIC INDEPENDENT MEDICAL EXAMINATION from a neuropsychiatric point of view.
Please note that 2 Texas Administrative Code rules (TAC) apply:
28 TAC §127.10 – General procedures for Designated Doctor Examinations …

"AND 28 TAC §42.15 also applies …

"Please note there is no procedural definition established in the fee (Medicare) guidelines for a COMPREHENSIVE FORENSIC INDEPENDENT MEDICAL EXAMINATION …

"**96132 51-59, 96133 51-59, 96136 51-59, 96137 51-59:**
Physical and neuro-behavioral examination along with diagnostic interview and additional testing that was forensically medically necessary for this examination such as neuropsychiatric testing and measures, blood work, imaging studies, etc. A history and diagnostic interview along with a review of medical records and collateral information that was available was done … Neuropsychiatric testing interpretation, report preparation, as well as a review of medical records were accomplished.

"This process involved approximately 19 hours of staff and physician time. Neuropsychiatric testing administration and interpretation, report preparation, review of medical records of 521 minutes and 57 seconds … accomplished on September 25, 2025, October 8, 2025, October 9, 2025, October 10, 2025, October 14, 2025, October 15, 2025, October 16, 2025, October 20, 2025, October 21, 2025, October 22, 2025, October 23, 2025, October 24, 2025 and October 25, 2025.

This process involved approximately 15 hours of physician time. Total hours … in addition to the routine designated doctor issues was approximately 22 hours."

Amount In Dispute: $15,523.00

Respondent's Position

"1. The Carrier's Bill Review Vendor received two billing packages on the same day for DOS 09/25/2025. Both billing packages were received 12/09/2025 … Because both bills were added to the system at the same time, one was handled as a duplicate until an actual Bill Review Analyst reviewed both bills … Both bills received on 12/9/2025 were returned to the HCP on 12/22/2025. Both indicated a CPT code was missing from page 2 of the HCFA forms submitted.

"2. The Requestor/HCP faxed two packages of bills that were received by the Carrier on **2/3/2026**. The Requestor failed to submit their complete bill within the 95-day period, defined under rule 133.20. As such, the billing for DOS 09/25/2025 subsequently submitted was received by the Carrier on 02/03/2026 -134 days after the DOA. The Requestor labeled this bill as a 'Request for Reconsideration'; however, it was the initial billing and was denied accordingly …

"3. The HCP submitted another billing package on 2/20/2026 and labeled it a request for reconsideration – although they simply included a copy of the *Return to Provider* letters. **The reconsideration request has not been completed.** The carrier has 30 days from receipt of a complete reconsideration to deny or pay.
Note: The HCP has not included documentation to support timely filing.

"4. **99456-SP** This line/charge is not subject to reimbursement. Modifier SP is no longer valid as of 6/1/2024 …

"5. **99199-51-59 – 'Vol Rec Org'** This line/charge is also not subject to reimbursement. Record organizing, tagging, sorting, linking of specific record to report and having available in the cloud – does not warrant a separate charge or reimbursement. **No rule has been found that requires DD to bill and be reimbursed separately for this process.**"

Response Submitted By: CorVel

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 133.10 sets out the requirements for a complete medical bill.
3. 28 TAC Section 133.20 sets out the requirements for medical bill submission.

Adjustment Reasons

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

1. 18 – Exact duplicate claim/service
2. R1 – Duplicate Billing
3. 29 – The time limit for filing has expired.
4. RM2 – Time limit for filing claim has expired
5. Comment: "Per Rule 133.20(b) A health care provider (HCP) shall not submit a complete medical bill later than the 95th day after the date(s) the service(s) is(are) provided.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial based on timely filing supported?
3. Is the requester entitled to reimbursement?

Findings

1. The requester is seeking reimbursement of a designated doctor examination with additional testing performed by the designated doctor. The insurance carrier denied payment based on timely filing. DWC will review these services in accordance with applicable rules.
2. The documentation submitted indicates that the insurance carrier received a bill for the services in dispute on December 9, 2025. On December 22, 2025, the insurance carrier returned the bill as incomplete stating, "PAGE 2 LINE 6 HAS NO CPT CODE." According to 28 TAC Section 133.10(f)(1)(Q) and (S), a complete bill requires a procedure code and the charges for each listed service.

   Submitted documentation indicates that the initial bill was two pages. The second page contained a procedure code on line four that was missing charges and line six had charges but was missing a procedure code. DWC concludes that this submission was not a complete bill in accordance with 28 TAC Section 133.10.

28 TAC Section 133.20(g) states, "Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier."

Per 28 TAC Section 133.20(b), the provider must submit a medical bill within 95 days from the date of service with few exceptions. The services in question have a start date of September 25, 2025, and an end date of October 24, 2025.

The documentation submitted does not include the date of submission of the new complete medical bill; however, the insurance carrier indicates receipt of the bill as February 3, 2026. This is greater than 95 days from the ending date of service.

No evidence was provided supporting an earlier submission date or that the requester met one of the exceptions to timely filing. DWC finds that the insurance carrier's denial based on timely filing is supported.

3. Because the insurance carrier supported it's denial of payment, DWC finds that the requester is not entitled to reimbursement for the services in question.

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 not established that reimbursement is due.

Order

Under Texas Labor Code Sections 413.031 and 413.019, DWC has determined the requester is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		June 25, 2026
Signature	Medical Fee Dispute Resolution Officer	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.