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

General Information

Requester Name

Melburn Huebner, M.D.

Respondent Name

Berkshire Hathaway Direct Ins

MFDR Tracking Number

M4-26-2034-01

Insurance Carrier's Austin Representative

BOX 6 Stone Loughlin & Swanson LLP

DWC Date Received

March 23, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
June 23, 2025	99456-52	$100.00	$0.00
October 13, 2025	99456-W5	$863.00	$398.00
	Total	$863.00 [sic] ($963.00)	$398.00

Requester's Position

"We are continuing with the dispute as they only made a partial payment."

Amount In Dispute: $ 863.00 [sic] ($963.00)

Respondent's Position

"According to our review, these bills for Date of Service 6/23/25 $100.00 and 10/13/25 $863.00 were not previously paid. We have submitted these bills for payment and payment will be issued within 30 days. We request that this medical fee dispute resolution be rescinded."

Response Submitted By: biBerk

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. TLC Section 408.0041 sets out the guidelines for designated doctor examinations.

Adjustment Reasons

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

1. 95 - Plan procedures not followed.
2. G15 - Pricing is calculated based on the medical professional fee schedule value.
3. P12 - Workers' compensation jurisdictional fee schedule adjustment.
4. U00 - There was no UR procedure/treatment request received.

Issues

1. What is DWC considering in this medical fee dispute?

2. Did the insurance carrier issue payments after the submission of the medical fee dispute resolution request?

3. Is the insurance carrier's reduction based on missing utilization review supported?

4. Is the requester entitled to additional reimbursement for CPT code 99456-W5?

Findings

1. Dr. Huebner is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on October 13, 2025. The insurance carrier reduced payment with code U00 which states, "There was no UR procedure/treatment request received."

   The requester also requested reimbursement in the amount of $100.00 for a missed appointment for scheduled date of June 23, 2025. After the request for medical fee dispute was submitted, the insurance carrier issued a payment of $100.00 on April 27, 2026. Therefore, this charge will not be considered in this dispute.

2. The requester billed for a designated doctor examination which was performed on October 13, 2025. A review of the submitted documentation indicates that the requester billed for CPT code 99456-W5. Per explanation of benefits dated April 10, 2026, the insurance carrier made a partial payment of $465.00, reducing payment with code U00 which states, "There was no UR procedure/treatment request received." The requester is seeking an additional payment of $398.00. DWC will review this service in accordance with applicable statutes and rules.

3. The examination in question was a designated doctor examination ordered by the commissioner to address MMI and IR in accordance with Labor Code Section 408.0041. Therefore, this examination does not require utilization review. The insurance carrier's reduction for this reason is not supported.

4. On the disputed date of service October 13, 2025, the requester billed CPT code 99456-W5 in the amount of $863.00 for an MMI and IR evaluation.

   Under 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.'"

   Under the relevant part of 28 TAC Section 134.240(d)(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 units column of the billing form." Per subsection (A)(ii)(I), "the reimbursement for the first musculoskeletal body area is $385 adjusted per §134.210(b)(4)." Per subsection (A)(ii)(II)," the reimbursement for each additional musculoskeletal body area is $192 adjusted per §134.210(b)(4)."

   A review of the submitted medical records finds that the requester provided an evaluation of MMI and IR exam for a musculoskeletal body area.

   In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on October 13, 2025, are:

Designated Doctor Exam Fees for dates of service 1/1/2025 - 12/31/2025 Annual MEI percentage 3.5%	
MMI exam	$465.00
IR exam first musculoskeletal (MSK) body area / Upper Extremity	$398.00
Total	$863.00

   The total reimbursement is $863.00. The carrier paid $465.00 on April 10, 2026; therefore, the requester is entitled to the remaining amount 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 Berkshire Hathaway Direct Ins must remit to Melburn Huebner, M.D. $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	June 24, 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.