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

General Information

Requester Name

Wright Singleton, M.D.

Respondent Name

Texas Department of Transportation

MFDR Tracking Number

M4-26-2135-01

Insurance Carrier's Austin Representative

BOX 32 Texas Department Of Transportation

DWC Date Received

March 31, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
November 11, 2025	99456	$1,062.00	$1,062.00
	Total	$1,062.00	$1,062.00

Requester's Position

The submitted documentation does not include a position statement from the requester. Accordingly, this decision is based on the information available at the time of adjudication.

Amount In Dispute: $1,062.00

Respondent's Position

"Corvel maintains that 1) bills were reviewed in accordance with the PLN11(s) and 2) no additional is due based on the HCP's billing (CMS1500 forms)."

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 134.250 sets out the fee guidelines for maximum medical improvement and impairment examinations by treating doctors.
3. 28 TAC Section 134.260 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating by a referred doctor.
4. 28 TAC Section 134.210 sets out the fee guidelines for workers' compensation specific services.
5. 28 TAC Section 133.305 sets out the procedures for resolving medical disputes.

Adjustment Reasons

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the insurance carrier take final action on a complete medical bill?
3. Did the insurance carrier raise a new defense in its response?
4. What rules apply to the services in dispute?
5. Is the requester entitled to reimbursement?

Findings

1. This medical fee dispute resolution (MFDR) request involves non-payment of an examination referred by the treating doctor to the requester, Dr. Singleton, for the purpose of establishing: if maximum medical improvement (MMI) has been reached; what date MMI was reached if applicable; and to provide impairment ratings (IR) if MMI has been reached.

The requester is seeking reimbursement in the amount of $1,062.00 for the above referenced services rendered on November 11, 2025.

The respondent's position statement asserts that the insurance carrier does not owe payment on this disputed claim due to an unresolved extent of injury dispute. Consequently, the respondent is requesting that DWC dismiss this MFDR request under 28 TAC Section 133.305(b).

DWC will review the submitted documentation to determine if the requester is entitled to reimbursement in accordance with applicable DWC Statutes and Rules.

2. DWC Rule 28 TAC Section 133.240(a) requires an insurance carrier to take final action on a complete medical bill or determine to audit the bill pursuant to Section 133.230, no later than the 45th day after receipt of the bill. Additionally, 28 TAC Section 133.250(c) and (g) require the insurance carrier to take final action on a reconsideration request within 30 days and provide an explanation of benefits (EOB).

   A review of the submitted documentation found no evidence that the insurance carrier took final action, initiated an audit, or issued an EOB for either the disputed original medical bill or the reconsideration request. As of March 31, 2026, the date the MFDR request was submitted, no documented basis for denial of payment had been provided. In its response dated April 30, 2026, the insurance carrier did not provide an EOB issuing payment or denial for the disputed date of service, November 11, 2025. Accordingly, DWC finds that the insurance carrier failed to comply with 28 TAC Sections 133.240 and 133.250, and the disputed services will be reviewed under the applicable fee guidelines.

3. In its position statement dated April 30, 2026, the respondent asserts that the disputed medical bill was reviewed by the insurance carrier in accordance with a PLN11 which establishes an extent of injury dispute. The response indicates that no payment is due for the disputed date of service due to an unresolved extent of injury dispute.

   The response from the insurance carrier is required by 28 TAC Section 133.307(d)(2)(F) to address only the denial reasons presented to the health care provider before the request for MFDR was filed with DWC. Any new denial reasons or defenses raised shall not be considered in this review.

   A review of the submitted documentation does not support that a denial based on extent of injury was presented to the requester before this request for MFDR was filed on March 31, 2026. Furthermore, as discussed in finding number two, DWC finds no evidence that the insurance carrier issued an EOB for the disputed date of service thus no evidence was submitted to support that that the insurance carrier reviewed or took final action on the medical bill in accordance with 28 TAC Sections 133.240 and 133.250. Therefore, DWC will not consider this argument in the current dispute review.

4. On the disputed date of service, the requester billed $1,062.00 for three units of CPT code 99456. CPT code 99456 indicates the service of a maximum medical improvement (MMI) and/or impairment rating (IR) examination by a doctor other than the treating doctor.

   28 TAC Section 134.250 which sets out the fee guidelines for maximum medical improvement examinations and impairment ratings, states in pertinent part, "(b) Treating doctors must only bill and be reimbursed for an MMI and IR examination if they are an authorized doctor in accordance with the Labor Code and Chapter 130 and §180.23 of this title… (4) If the treating doctor is not authorized to assign an IR, **the treating doctor may refer the injured employee to an authorized doctor for the examination and certification of MMI and IR.** The referred doctor must bill under §134.260 of this chapter."

   28 TAC Section 134.260 which applies to the billing and reimbursement of the service in dispute states in pertinent part,

   "(b) Referred doctors must only bill and be reimbursed for an MMI or IR examination if they are an authorized doctor in accordance with the Labor Code and Chapter 130 and §180.23 of this title.

   > "(1) If the referred doctor determines that MMI has not been reached, the referred doctor must bill, and the insurance carrier must reimburse, the MMI evaluation portion of the examination in accordance with subsections (c)(1) and (c)(2) of this section. The referred doctor must add modifier 'NM.'
   >
   > "(2) If the referred doctor determines that MMI has been reached and there is no permanent impairment because the injury was sufficiently minor and IR evaluation is not warranted, the referred doctor must bill, and the insurance carrier must reimburse, only the MMI evaluation portion of the examination in accordance with subsections (c)(1) and (c)(2) of this section.
   >
   > "(3) If the referred doctor determines MMI has been reached and an IR evaluation is performed, the referred doctor must bill, and the insurance carrier must reimburse, both the MMI evaluation and the IR examination portions of the examination in accordance with subsection (c) of this section.

   "(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) IR. 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)."

28 TAC Section 134.210(b) applies to the reimbursement of the disputed services and states in pertinent part, "(4) Fees established in §§134.235, 134.240, 134.250, and 134.260 of this title will be:

(A) adjusted once by applying the Medicare Economic Index (MEI) percentage adjustment factor for the period 2009 - 2024.

(B) adjusted annually by applying the MEI percentage adjustment factor identified in §134.203(c)(2).

(C) rounded to whole dollars by dropping amounts under 50 cents and increasing amounts from 50 to 99 cents to the next dollar. For example, $1.39 becomes $1 and $2.50 becomes $3.

(D) effective on January 1 of each new calendar year."

5. The requester is seeking reimbursement in the amount of $1,062.00 for three units of CPT code 99456 rendered on November 11, 2025. Because the respondent did not take final action on the complete medical bill in accordance with 28 TAC Sections 133.240 and 133.250 and because the respondent raised a new defense in its response position statement, DWC finds that the requester is entitled to reimbursement in accordance with 28 TAC Section 134.260.

The submitted documentation supports that the requester performed an evaluation of MMI. Per 28 TAC Section 134.260, the maximum allowable reimbursement (MAR) for this examination is $465.00.

A review of the submitted documentation finds that the requester performed an IR evaluation of two musculoskeletal body areas. The rule at 28 TAC Section 134.260 defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed is $398.00. The MAR for the evaluation of one additional musculoskeletal body area performed is $199.00. Therefore, the MAR for the IR evaluation of two musculoskeletal body areas on the disputed date of service is $597.00.

In accordance with 28 TAC Section 134.260, the reimbursements which apply to the disputed examination rendered on November 11, 2025, are:

- For an MMI examination reimbursement is $465.00.
- For an IR of two musculoskeletal body areas reimbursement is $597.00.
- DWC finds that the total maximum allowable reimbursement for the examination in question rendered on November 11, 2025, is $1,062.00.
- The insurance carrier paid $0.00.
- Reimbursement in the amount of $1,062.00 is recommended.

Because the insurance carrier failed to issue a timely EOB, failed to take final action on the medical bill, and attempted to assert a new defense after the MFDR request was filed, DWC finds that the requester has established entitlement to reimbursement in the amount of $1,062.00 for the services in dispute rendered on November 11, 2025.

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 Texas Department of Transportation must remit to Wright Singleton, M.D. $1,062.00 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 13, 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.