



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Donald J Ammon, Jr., D.C.

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-25-1655-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

March 24, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 8, 2024	Examination to Determine Maximum Medical Improvement – 99456	\$449.00	\$0.00
	Examination to Determine Impairment Rating – 99456	\$385.00	\$0.00
Total		\$834.00	\$0.00

Requestor's Position

"Our office originally billed for an Alternate Referred Doctor (RD) Examination for **MMI and IR**, performed by Referred Doctor, Donald Ammon, DC, on 08/08/2024 to Texas Mutual Insurance, in the amount of \$1,034.00, on or about 08/20/24. Eventually we received an Explanation of Benefits (EOB), dated 09/19/24 (attached), for date of service 08/08/2024 showing that the service(s) being billed were denied indicating 'Provider not approved to treat Workwell, TX Network claimant' However, we feel that the service(s) were improperly denied. As such we submitted a request for reconsideration with the attached 'Letter of Reconsideration' on or about 10/08/24. Once again, the request was denied by Texas Mutual on 10/31/24 (2nd EOB attached). We still feel that the service(s) were improperly adjusted and are submitting this Medical Fee Dispute Resolution Request for the following reasons ...

"The exam was performed as **requested by the patient following a recent Designated Doctors Exam** which ... was not satisfied with, in accord with Texas Labor Code 408.0041 (f-2) ...

"In conclusion, Dr. Ammon performed the MMI evaluation and evaluated one reimbursable body area for the assignment of an IR, which is allowed for an out-of-network Referred Doctor (RD) as per **Texas Labor Code 408.0041 (f-2)**. Further, based on **TDI-DWC Rule 134.260** he is entitled to be reimbursed \$449 for the MMI evaluation and \$385 for the IR evaluation for a total of \$834."

Amount in Dispute: \$834.00

Respondent's Position

"Texas Mutual claim ... is in the WorkWell, TX network. Texas Mutual reviewed its online network provider directory for the requestor's name and tax identification number, and found no evidence DONALD J AMMON DC is a network participant.

"Texas Mutual has no evidence the requestor, a non-network provider, received out-of-network approval to provide the service or treatment. In addition, the requestor has not provided any evidence in its DWC-60 packet ...

"DONALD J AMMON DC was a physician selected by the treating doctor, who has not previously treated the patient. Additionally, the physician is not the designated doctor. Therefore, the network requirements apply per Insurance Code 1305.103(e)"

Response Submitted by: Texas Mutual Insurance Company

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [Texas Insurance Code \(TIC\) Chapter 1305](#) governs workers' compensation health care networks.
3. [TLC §408.0041](#) provides the requirements related to designated doctor examinations.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- CAC-243 – Services not authorized by network/primary care providers.
- D27 – Provider not approved to treat WorkWell, TX network claimant.
- CAC-193 – Original payment decision is being maintained. Upon review, it was

- determined that this claim was processed properly.
- DC4 – No additional reimbursement allowed after reconsideration.

Issues

1. Are the disputed services out-of-network health care?
2. Under what conditions is the insurance carrier liable for out-of-network health care?
3. Is the insurance carrier liable for the disputed services?

Findings

1. The requestor, Donald J Ammon, Jr., D.C., submitted a medical fee dispute to DWC for resolution according to 28 TAC §133.307. The dispute concerns an examination to determine maximum medical improvement and impairment rating performed by the requestor on August 8, 2024. Submitted documentation indicates that the examination was performed at the request of the injured employee and referred by the treating doctor.

Per the submitted documentation and from information known to the division, the injured employee's claim is within the WorkWell, TX network. While TLC §408.0041 provides the injured employee the right to seek an examination to dispute the findings of a designated doctor, it does not exempt the health care provider from network requirements. No evidence was provided supporting that the requestor was within the WorkWell, TX network. As a result, the requestor provided out-of-network health care to the injured employee.

2. The requestor submitted the dispute requesting reimbursement for the disputed services as governed by the Texas Labor Code statutes and Texas Administrative Code rules, including 28 TAC §133.307. The requirements mentioned in the relevant sections of TIC, Chapter 1305, are applicable to the DWC's ability to apply the TLC statutes and DWC rules for out-of-network health care. TIC §1305.153(c) states that "Out-of-network providers who provide care as described by §1305.006 shall be reimbursed as provided by the Texas Workers' Compensation Act and applicable rules of the commissioner of workers' compensation."

TIC §1305.006 which addresses insurance carrier liability for out-of-network health care, states, "An insurance carrier that establishes or contracts with a network is liable for the following out-of-network healthcare that is provided to an injured employee:

- (1) Emergency care;
- (2) Health care provided to an injured employee who does not live within the service area of any network established by the insurance carrier or with which the insurance carrier has a contract; and
- (3) Health care provided by an out-of-network provider pursuant to a referral from the injured employee's treating doctor that has been approved by the network pursuant to §1305.103."

3. The requestor has the burden to prove that the conditions outlined in TIC §1305.006 were met

for the insurance carrier to be liable for the disputed services.

DWC finds that the requestor failed to provide any documentation to support that any of the conditions of TIC §1305.006 were met in this dispute. As a result, DWC finds that the insurance carrier is not liable for the out-of-network health care in dispute.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has not established that reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 5, 2025

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §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 1-800-252-7031, 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 the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in [28 TAC §141.1 \(d\)](#).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.