



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Darla Kelly, D.C.

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-25-1739-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

April 1, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 11, 2024 – June 4, 2024	Designated Doctor Examination 99456-W5	\$1,026.00	\$0.00

Requestor's Position

"The bill and report were submitted to the fax number listed on the DWC 32 on 07/11/2024. According to bill review, this was never received so it was again faxed (this time to the fax number provided by bill review ...) on 10/04/2024 and then once again on 02/11/2025. Payment has still not been received nor an EOB/denial letter."

Amount in Dispute: \$1,026.00

Respondent's Position

"Upon receipt of the MDR request, the bill as [sic] sent for reconsideration. The review determined that the provider is not due additional money."

Response Submitted by: ESIS

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. [28 TAC §134.240, effective June 1, 2024, 49 TexReg 1489](#), sets out the fee guidelines for designated doctor examinations after date of service June 1, 2024.

Denial Reasons

The insurance carrier made the payment for the services in question with the following claim adjustment codes:

- 1 – Whole procedure (453)
- 2 – A technical Bill Review (TBR) has been performed. (ETBR)
- 222 – Charge exceeds Fee Schedule allowance
- 453 – Whole procedure
- 193 – Original payment decision is being maintained. This claim was processed properly the first time. (ANSI193)
- P12 – Workers compensation jurisdictional fee schedule adjustment (ANSIP12)
- CIQ378 – This appeal is denied as we find the original review reflected the appropriate allowance for the service rendered. We find that no additional recommendation is warranted at this time.
- Note-1 – “Previous gross recommended payment amount on line: \$1077.00; Previous recommended payment amount on line: \$1077.00”

Issues

1. Is Darla Kelly, D.C. entitled to additional reimbursement?

Findings

1. Dr. Kelly is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating with date of service ending June 4, 2024. The submitted documentation indicates that Dr. Kelly provided impairment ratings for the spine and upper extremity.

For dates of service after June 1, 2024, 28 TAC §134.240(d)(3) states, in relevant part, “MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4).”

28 TAC §134.240(d)(4)(A)(ii) states, in relevant part:

- (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).

DWC finds that the total allowable reimbursement for the services in question is \$1,026.00. Per explanation of benefits dated June 7, 2024, the insurance carrier paid \$1,077.00. No further reimbursement is recommended.

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 additional 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

May 16, 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.