



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Darla Kelly D.C.

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-25-1831-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 9, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 15, 2025	Designated Doctor Examination 99456-W5	\$29.00	\$29.00

Requester's Position

"This was for a designated doctor exam to address MMI/IR. The MMI/IR portion was reimbursed at \$834 which is incorrect. This was reimbursed on the old fee schedule. According to the new fee schedule beginning January 1, 2025, a MMI exam in which the claimant is at MMI should pay at \$863 (\$465 for MMI + \$398 for IR)."

Amount in Dispute: \$29.00

Respondent's Position

The Austin carrier representative for AIU Insurance Co is Flahive, Ogden & Latson. Flahive, Ogden & Latson was notified of this medical fee dispute on April 15, 2025. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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 §134.2](#) sets out the incentive payments for underserved areas.
3. [28 TAC §134.210](#) sets out the fee guidelines for workers' compensation specific services.
4. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

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

- 5721 – To avoid duplicate bill denial for all reconsiderations/adjustments/additional payment requests, submit a copy of this EOR or clear notation that a recon is ...
- 90137, 97 – The benefit for this service included in the payment/allowance for another service/procedure that has already been adjudicated.
- 90223, P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 5853 – The amount paid reflects a fee schedule reduction.
- 309 – The charge for this procedure exceeds the fee schedule allowance.

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 (IR) of a lower extremity performed on January 15, 2025.

28 TAC §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.'"

28 TAC §134.240(d)(4) states, in relevant part, "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)."

28 TAC §134.210(b)(4) states, "Fees established in §§134.235, 134.240, 134.250, and 134.260 of this title will be:

- (A) ...
- (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."

The adjusted reimbursement rate for the MMI portion of the examination in question for date of service January 15, 2025, is \$465.00. The adjusted reimbursement rate for the IR portion of this examination is \$398.00.

The total allowable reimbursement for the services in question is \$863.00. The submitted documentation indicates that the insurance carrier paid a total of \$834.00. Therefore, an additional reimbursement of \$29.00 is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent 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 of \$29.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that AIU Insurance Co must remit to Darla Kelly D.C. \$29.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 7, 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 electronico CompConnection@tdi.texas.gov.