



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Kevin Hunter, D.C.

**Respondent Name**

AIU Insurance Co.

**MFDR Tracking Number**

M4-25-1971-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

April 23, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 4, 2024	Designated Doctor Examination 99456-W5	\$834.00	\$834.00

### Requester's Position

"The bill was submitted to Gallagher Bassett and the attached EOB was received indicating that 'Precertification/authorization/notification/pre-treatment absent'. As this is a designated doctor exam, it does not require prior authorization and according to the DWC 32, the insurance carrier was the one who requested the exam."

**Amount in Dispute:** \$834.00

### Respondent's Position

The Austin carrier representative for AIU Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on April 29, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## 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 \(TAC\) §130.1](#) sets out the authority for examinations to determine maximum medical improvement and impairment rating.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.
4. [TLC §408.0041](#) sets out the requirements for designated doctor examinations.

### Denial Reasons

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

- 144 – Incentive adjustment, e.g. preferred product/service
- 197 – Precertification/authorization/notification/pre-treatment absent.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- XXG15 – Pricing is calculated based on the medical professional fee schedule value.
- XXU01 – There was no UR procedure/treatment request received.
- 00663 – Reimbursement has been calculated based on the state guidelines

### Issues

1. Is the insurance carrier's denial based on preauthorization supported?
2. Is Kevin Hunter, D.C. entitled to reimbursement for the examination in question?

### Findings

1. Dr. Hunter is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating. The insurance carrier denied payment based on lack of preauthorization.

TLC §408.0041(a) states in relevant part: "At the request of an insurance carrier or an employee, or on the commissioner's own order, the commissioner may order a medical examination to resolve any question about:

- (1) the impairment caused by the compensable injury;
- (2) the attainment of maximum medical improvement;

DWC finds that documentary evidence supports the fact that the commissioner ordered Dr. Hunter to perform this examination.

Per 28 TAC §130.1(a)(1)(A)(ii), a doctor, serving in the role of a designated doctor may be authorized to perform an examination to determine maximum medical improvement and impairment rating.

TLC §408.0041(h)(1) states, in relevant part, that the insurance carrier is required to pay for "an examination required under Subsection (a), (f), or (f-2), unless otherwise prohibited by this subtitle or by an order or rule of the commissioner."

DWC finds that Dr. Hunter was properly ordered to perform an examination to determine maximum medical improvement and impairment rating by the commissioner of DWC, serving in the role of a designated doctor. Therefore, the insurance carrier's denial based on preauthorization is not supported.

2. Because the insurance carrier's denial of payment is not supported, Dr. Hunter is entitled to reimbursement for the examination in question.

The submitted documentation supports that Dr. Hunter determined that the injured employee had reached MMI and performed an IR evaluation of the spine. Per 28 TAC §134.240(d)(2)(C), "If the designated doctor determines MMI has been reached and an IR evaluation is performed, both the MMI evaluation and the IR evaluation portions of the examination must be billed and reimbursed in accordance with subsection (d) of this section."

28 TAC §134.240(d)(3) states, "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)(A)(i)(II) states, "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)."

No adjustments apply to the date of service in question. DWC finds that the total allowable reimbursement is \$834.00. This amount 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 reimbursement of \$834.00 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that AIU Insurance Co. must remit to Kevin Hunter, D.C. \$834.00 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 25, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).