



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Leonard Lopez DC

Respondent Name

Insurance Company of the West

MFDR Tracking Number

M4-25-2062-01

Carrier's Austin Representative

Box Number 04

DWC Date Received

May 1, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 1, 2024	Designated Doctor Examination 99456 W5	\$385.00	\$0.00

Requestor's Position

"DESIGNATED DOCTOR EXAM, ...CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS, ...THE CURRENT RULES ALLOW REIMBURSEMENT, AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$385.00

Respondent's Position

"Our bill review vendor evaluated the bill again and agreed with the complainant that an additional \$385.00 was owed. ICW paid this on 5/13/25: Payee – PACIFIC BILLING SERVICES From 08/01/2024 Through 08/01/2024, Amount \$385.00, Check # 6039875, Chk Date 05/13/2025."

Response submitted by: ICW Group Insurance Companies

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 \(TAC\) §134.240](#) sets out the billing requirements and reimbursement guidelines for designated doctor examinations.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Did the insurance carrier support payment of the disputed amount?

Findings

1. Dr Lopez is seeking reimbursement for a DWC ordered designated doctor medical examination to determine maximum medical improvement, and impairment rating for date of service August 1, 2024 billed as 99456 -W5. The insurance carrier supported payments made on August 27, 2024 via check number 5521695 in the amount of \$449.00 and \$385.00 via check 6039875 on May 13, 2025. As these payments total the billed amount of \$834.00 no additional payment 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 additional 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.