



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Kenneth Steen DC

Respondent Name

Incline Casualty Company

MFDR Tracking Number

M4-25-2189-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

May 9, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 14, 2024	Designated Doctor Examination 99456-W5	\$385.00	\$385.00

Requester's Position

"Carrier is required to pay designated doctor exams."

Amount in Dispute: \$385.00

Respondent's Position

The Austin carrier representative for Incline Casualty Company is Downs Stanford PC. Downs Stanford PC was notified of this medical fee dispute on May 21, 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 §134.210](#) sets out the fee guidelines for workers' compensation specific services.
3. [28 TAC §133.240](#) sets out the requirements for submission of a medical bill.
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:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(J) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed.

Issues

1. Did the insurance carrier respond to the medical fee dispute resolution request?
2. Is Dr. Kenneth Steen entitled to additional reimbursement?

Findings

1. Dr. Steen is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating performed on August 14, 2024.

The insurance carrier did not respond to this dispute. As a result, the Division of Workers' Compensation (DWC) will make its determination based on the information currently available. Since Incline Casualty Company failed to justify its payment reduction for the services in question, Dr. Steen is entitled to reimbursement.

2. 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)." Per subsection (A)(ii)(II)," the reimbursement for each additional musculoskeletal body area is \$192 adjusted per §134.210(b)(4)."

A review of the submitted medical record finds that the requester provided an evaluation of maximum medical improvement (MMI) and an impairment rating (IR) of a musculoskeletal body area. No adjustments found in 28 TAC §134.210(b)(4) apply for the date of service in question.

In accordance with 28 TAC §134.240, the reimbursements which apply to the disputed examination rendered on August 14, 2024, are:

Designated Doctor Exam Fees for dates of service 6/1/2024 - 12/31/2024	
MMI exam	\$449.00
IR exam first musculoskeletal (MSK) body area	\$385.00
Total	\$834.00

The total reimbursement is \$834.00. The carrier paid \$449.00 on September 24, 2024; therefore, the requester is entitled to the remaining amount of \$385.00.

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 \$385.00 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 Incline Casualty Company must remit to Dr. Kenneth Steen \$385.00 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

August 12, 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.