



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Andrew David Ullman D.C.

Respondent Name

Carrollton Farmers Branch ISD

MFDR Tracking Number

M4-25-2260-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

May 16, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 24, 2024	Designated Doctor Examination 99456-W5	\$484.00	\$484.00
June 24, 2024	Designated Doctor Examination 99456-W8	\$142.00	\$142.00
Total		\$626.00	\$626.00

Requester's Position

"Carrier is required to pay designated doctor exams."

Amount in Dispute: \$626.00

Respondent's Position

The Austin carrier representative for Carrollton Farmers Branch ISD 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 §134.2](#) 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 §133.240](#) sets out the requirements for submission of a medical bill.
5. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

Neither party submitted an explanation of benefits (EOBs) for consideration in this dispute. Accordingly, the review is based on the information available at the time of the review.

Issues

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

Findings

1. Dr. Andrew Ullman is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and return to work exam for an upper extremity performed on June 24, 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. Because Carrollton Farmers Branch ISD failed to justify its payment reduction for the services in question, Dr. Ullman is entitled to additional 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)."

28 TAC §134.240(d)(7) states, "Return to work. The reimbursement rate for determining the ability of the injured employee to return to work is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier "W8."

A review of the submitted medical record finds that the requester provided an evaluation of maximum medical improvement (MMI), impairment rating (IR) of upper extremity, and a return-to-work exam. No adjustments apply to the date of service in dispute.

In accordance with 28 TAC §134.240, the reimbursements which apply to the disputed examination rendered on June 24, 2024, are:

Designated Doctor Exam Fees for dates of service 6/1/2024 - 12/31/2024	
MMI exam	\$449
IR exam first musculoskeletal (MSK) body area	\$385
Return to work exam	\$642
Total	\$1,476.00

The Division of Workers' Compensation (DWC) has determined that the total Maximum Allowable Reimbursement (MAR) for the disputed examination is \$1,476.00. Although neither party submitted an explanation of benefits reflecting payment, Dr. Andrew Ullman stated in his request for medical fee dispute resolution that he received a payment of \$850.00. Dr. Ullman is seeking an additional reimbursement of \$626.00, therefore, 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 additional reimbursement of \$626.00 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 Carrollton Farmers Branch ISD must remit to Dr. Andrew Ullmann \$626.00 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.