



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Dennis Williamson DC

Respondent Name

City of San Antonio

MFDR Tracking Number

M4-25-2441-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 3, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 31, 2025	Designated Doctor Examination 99456-W5	\$398.00	\$0.00

Requester's Position

"The IR portion was not reimbursed as it should have since the claimant was placed at MMI and an IR was given."

Amount in Dispute: \$398.00

Respondent's Position

The Austin carrier representative for City of San Antonio is Flahive, Ogden & Latson. Flahive, Ogden & Latson was notified of this medical fee dispute on June 5, 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 §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:

- BT100 – Unless otherwise specified, services have been reviewed to the State Fee Schedule.
- TXP12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Is Dennis Williamson DC entitled to additional reimbursement?

Findings

1. Dr. Williamson is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating and return to work exam performed on March 31, 2025.

The insurance carrier did not provide a response to this dispute; however, the reduction notes were provided on the explanation of benefits submitted by the requester. Therefore, the dispute is being reviewed in accordance with the relevant rules and guidelines.

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)."

A review of the submitted medical record finds that the requester provided an evaluation of maximum medical improvement (MMI), impairment rating (IR) and return to work exam. The requester is not seeking additional reimbursement for the examination to return to work; therefore, this service is not considered in this dispute.

In accordance with 28 TAC §134.240, the reimbursements which apply to the disputed examination rendered on March 31, 2025, are:

Designated Doctor Exam Fees for dates of service 1/1/2025 - 12/31/2025	
MMI exam	\$465.00
IR exam first musculoskeletal (MSK) body area	\$398.00
Total	\$863.00

The total reimbursement for the MMI/IR is \$863.00. The carrier paid \$1,129.00 on May 14, 2025; therefore, the requester is not entitled to any additional reimbursement, and the amount due is \$0.00.

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 not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 29, 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.