



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Aaron Levine, MD

Respondent Name

Deep East Texas Self Insurance

MFDR Tracking Number

M4-25-2536-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

June 11, 2025

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|---|-------------------|------------|
| December 5, 2024 | Designated Doctor Examination 99456-W8 | \$642.00 | \$642.00 |

Requester's Position

"Per Rule 133.240, the insurance carrier is required to take final action and send an EOB to the provider not later than the 45th day after receipt of the bill."

Amount in Dispute: \$642.00

Respondent's Position

The Austin carrier representative for Deep East Texas Self Insurance is White Espey PLLC. White Espey PLLC was notified of this medical fee dispute on June 13, 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

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 Deep East Texas Self Insurance take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Aaron Levine MD entitled to reimbursement?

Findings

1. Dr. Levine is seeking reimbursement for a return-to-work exam performed on December 5, 2024. The insurance carrier did not provide a response to this dispute. DWC will base its decision on the available information.

Dr. Levine mentioned in the documentation that no payment or explanation of denial for medical bills was received for the examination in question.

A review of the documentation provided by the requester supports compliance with 28 TAC §133.307(c)(2)(K), which requires submission of each related EOB or, in its absence, convincing evidence that a request for the EOB was sent to and received by the insurance carrier. The requester included sufficient documentation demonstrating that a request for the EOB was made and not received. This supports that the required step was completed prior to filing the MFDR and that the request was made in accordance with the form and manner prescribed by the division.

28 TAC §133.240 (a) requires the insurance carrier to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to support the fact that the insurance carrier took final action on the bill for the service in question.

2. Because Deep East Texas Self Insurance failed to provide any defense of its non-payment for the services in question, Dr. Levine is entitled to reimbursement.

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 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 December 5, 2024, are:

| Designated Doctor Exam Fees for dates of service 6/1/2024 - 12/31/2024 | |
|---|----------|
| Return to Work Exam | \$642.00 |

DWC finds that reimbursement in the amount of \$642.00 is due for the services in dispute.

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 \$642.00 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 Deep East Texas Self Insurance must remit to Dr. Levine \$642.00 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 26, 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.