



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Kimberly Carroll, D.C.

Respondent Name

Insurance Company of the West

MFDR Tracking Number

M4-25-2984-01

Carrier's Austin Representative

Box Number 4

DWC Date Received

July 21, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 17, 2024	Designated Doctor Examination 99456-W5	\$128.00	\$0.00
July 17, 2024	Designated Doctor Examination 99456-W6	\$0.00	\$0.00
Total		\$128.00	\$0.00

Requester's Position

"The following bill was audited and paid incorrectly. TDI-DWC addresses Maximum Medical Improvement (MMI) Evaluations with Rule 134.240(d)(1)-(4). This rule states if the designated doctor determines MMI has been reached and an IR evaluation is performed, the MMI examination must be billed and reimbursed \$449. As well, Rule 134.240(d)(4)(A) states "For musculoskeletal body areas: (ii)(I) the reimbursement for the first musculoskeletal body area is \$385 adjusted per 134.210(b)(4); and (ii)(II) the reimbursement for each additional musculoskeletal body area is \$192 adjusted per 134.210(b)(4)." Rule 134.240(d)(4)(B)(iii) states the reimbursement for the assignment of an IR in a non-musculoskeletal body area is \$192 adjusted per §134.210(b)(4)."

Amount in Dispute: \$128.00

Respondent's Position

The Austin carrier representative for Insurance Company of the West is Law Office of Ricky D Green. Law Office of Ricky D Green was notified of this medical fee dispute on July 24, 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 \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- G15 – Pricing is calculated based on medical professional fee schedule value.
- J16 - This procedure code was ranked as the primary service when considered for multiple procedure reduction. As a result, no reduction was taken.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Is the Requester eligible for DWC medical fee dispute resolution for the services in question?

Findings

1. The requester is seeking reimbursement for designated doctor exam provided on July 17, 2024. According to 28 Texas Administrative Code (TAC) §133.307(c)(1), a request for Medical Fee Dispute Resolution (MFDR) must be submitted no later than one year after the date of the disputed service, except in certain limited circumstances outlined in subsection (B) of the same provision.

Specifically, 28 TAC §133.307(c)(1)(B) allows for a later filing if one of the following conditions applies:

- (i) A related dispute concerning compensability, extent of injury, or liability under Labor Code Chapter 410 has been filed. In such cases, the medical fee dispute must be submitted

within 60 days after the requester receives the final decision on compensability, extent of injury, or liability, including all appeals.

- (ii) A dispute regarding medical necessity has been filed. Here, the medical fee dispute must be filed within 60 days after the requester receives the final decision on medical necessity, including all appeals, for the specific health care services in question that were previously denied by the insurance carrier on the basis of medical necessity.
- (iii) The dispute arises from a refund notice issued following a division audit or review. In this situation, the medical fee dispute must be filed within 60 days after the requester receives the refund notice.

In this case, a designated doctor examination was provided on July 17, 2024. The Division received the MFDR request on July 21, 2025, which is more than one year after the date of service. Upon review of the documentation provided, there is no indication that the dispute falls within any of the exceptions described in 28 TAC §133.307(c)(1)(B).

Therefore, the Division concludes that the requester failed to file the MFDR request within the required timeframe and has consequently waived the right to pursue Medical Fee Dispute Resolution for this claim.

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.

The Division finds the requester has not established that reimbursement is due.

Order

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

Authorized Signature

_____	_____	October 15, 2025
Signature	Medical Fee Dispute Resolution Officer	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. The Division must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to the Division using the contact information on the form

or the field office handling the claim. If you have questions about the DWC Form-045M, call CompConnection at 1-800-252-7031, option 3 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 the Division. **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 3 o correo electrónico CompConnection@tdi.texas.gov.