



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Adam Mecham, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-3217-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

August 7, 2025

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|---|-------------------|------------|
| March 15, 2025 | Designated Doctor Examination 99456-W5 | \$863.00 | \$0.00 |

Requester's Position

"Claim was not paid in full due to exam date being incorrect. I have attached the corrected CMS 1500, EOB, OA32, and the supporting documentation for the date of service."

Amount in Dispute: \$863.00

Respondent's Position

"On 03/31/2025, Texas Mutual received the attached bill from the health care provider along with the DWC-69 with exam date of 03/15/25. The original bill was denied as the date of service being billed is 03/14/2025 which does not match the date of the MMI/IR exam notated on the DWC-69.

"On 05/08/2025, Texas Mutual received the attached appeal. The date of service on the HCFA was still beill as 03/14/2025.

"On 07/08/2025, Texas Mutual received a second appeal with no changes made to the date of service and upheld it's [sic] original audit decision."

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 \(TAC\) §130.1](#) sets out the requirements for certification of maximum medical improvement and impairment rating examinations.
2. [28 TAC §133.10](#) sets out the procedures for completing medical bills.
3. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- A26: For further review of reimbursement, clarify date of exam between the exam report &/or DWC69.
- A26 – For further review of reimbursement, clarify rendering provider and date of exam between the exam report &/or DWC69.
- CAC-P12 – Exact duplicate claim/service
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 878 – Appeal (request for reconsideration) previously processed. Refer to Rule 133.250(h)
- 891 – No additional payment after reconsideration

Issues

1. Is the insurance carrier's denial based on conflicting information supported?

Findings

1. Adam Mecham, D.C. is seeking reimbursement for a designated doctor examination performed on March 15, 2025. The insurance carrier denied payment indicating that billing and attached records contained conflicting dates of service.

Per 28 TAC §133.10(f)(1)(O), "date or dates of service (CMS-1500, field 24A) is required."

28 TAC §130.1(d)(1)(B) states, in relevant part, "The Report of Medical Evaluation includes an attached narrative report. The narrative report must include the following: (i) date of the certifying examination ..."

The greater weight of evidence provided to DWC finds that the requester submitted billing with date of service March 14, 2025, while the Report of Medical Evaluation and attached narrative listed the date of service as March 15, 2025. No sufficient evidence was provided to support the claim that a corrected bill with the disputed date of service March 15, 2025, was submitted to the insurance carrier.

DWC finds that the insurance carrier’s denial of payment is supported. No reimbursement 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 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

| | | |
|-----------|--|-----------------|
| _____ | _____ | August 28, 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. 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.