



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Edward W. Smith, D.O.

Respondent Name

Texas Department of Transportation

MFDR Tracking Number

M4-25-3301-01

Carrier's Austin Representative

Box Number 32

DWC Date Received

August 15, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 19, 2025	Designated Doctor Examination 99456-W5 25	\$311.00	\$311.00
May 19, 2025	Designated Doctor Examination 99456-W5	\$0.00	\$0.00
May 19, 2025	Designated Doctor Examination 99456-W6	\$0.00	\$0.00
Total		\$311.00	\$311.00

Requester's Position

"The original claim form was properly coded and submitted in a timely fashion to the carrier."

Amount in Dispute: \$311.00

Respondent's Position

The Austin carrier representative for Texas Department of Transportation is Alan W. Pigg. The carrier representative was notified of this medical fee dispute on August 19, 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:

- 18 – Exact duplicate claim/service.
- This procedure on this date was previously reviewed.
- Charge exceeds Fee Schedule allowance.
- P12 – Workers compensation jurisdictional fee schedule adjustment.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- Notes: Previously processed as a reconsideration.
- Notes: An allowance was previously recommended on bill ... and ...

Issues

1. Is Edward W. Smith, D.O., entitled to reimbursement?

Findings

1. Dr. Smith is seeking additional reimbursement for a designated doctor examination including a specialty exam fee to determine maximum medical improvement (MMI), impairment rating (IR) of two non- musculoskeletal body areas, and extent of injury performed on May 19, 2025. The requester is seeking \$0.00 for the determination of impairment rating and extent of injury exam; therefore, these services will not be considered in the dispute. The requester is seeking \$311 for the specialty exam fee related to the determination of maximum medical improvement with a

requirement for a board-certified doctor. This service is considered in this dispute. The insurance carrier did not provide a response to this dispute. DWC will base its decision on the available information.

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(g) states, "When the division orders the designated doctor to perform an examination of an injured employee with one or more of the diagnoses listed in §127.130(b)(9)(B) - (I) of this title: (1) The designated doctor must add modifier '25' to the appropriate examination code. (2) The designated doctor must add modifier '25' once per bill when addressing issues on the same day, regardless of the number of diagnoses or the number of issues the division ordered the designated doctor to examine. (3) The designated doctor must bill, and the insurance carrier must reimburse, \$300 adjusted per §134.210(b)(4) in addition to the examination fee."

A review of the submitted medical record finds that the requester provided an evaluation of maximum medical improvement (MMI) with specialty exam fee.

28 TAC §134.210 (b)(4) states, "Fees established in §§134.235, 134.240, 134.250, and 134.260 of this title will be: (A) adjusted once by applying the Medicare Economic Index (MEI) percentage adjustment factor for the period 2009 - 2024. (B) adjusted annually by applying the MEI percentage adjustment factor identified in §134.203(c)(2). (C) rounded to whole dollars by dropping amounts under 50 cents and increasing amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3. (D) effective on January 1 of each new calendar year."

In accordance with 28 TAC §134.240 and 28 TAC §134.210, the adjusted reimbursement applies to the disputed examination rendered on May 19, 2025, are:

Designated Doctor Exam Fees for dates of service 1/1/2025 - 12/31/2025	
MMI exam	\$465
Specialty Board Certified Exam Fee	\$311
Total	\$776.00

The total reimbursement is \$776.00. The carrier paid \$465.00 on June 20, 2025; therefore, the requester is entitled to the remaining amount of \$311.00. DWC finds that reimbursement in the amount of \$311.00 is due for the service 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 \$311.00 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 Texas Department of Transportation must remit to Dr. Smith \$311.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	November 20, 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.