



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

John Davis D.C.

**Respondent Name**

Union Insurance Co of Providence

**MFDR Tracking Number**

M4-25-3339-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

August 20, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 29, 2024	99456-W5 Designated Doctor Examination	\$834.00	\$834.00

### Requester's Position

"Carrier is required to pay designated doctor exams".

**Amount in Dispute:** \$834.00

### Respondent's Position

The Austin carrier representative for Union Insurance Co of Providence is Flahive, Ogden & Latson. Flahive, Ogden & Latson was notified of this medical fee dispute on August 21, 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 Union Insurance Co of Providence take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is John Davis D.C. entitled to reimbursement?

### Findings

1. Dr. Davis is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating performed on August 29, 2024. The insurance carrier did not respond to this dispute. The DWC will render its decision based on the information currently available.

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

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 Union Insurance Co of Providence failed to provide any defense of its non-payment for the services in question, Dr. Davis is entitled to reimbursement.

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) and impairment rating (IR) for one musculoskeletal body area. 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 August 29, 2024, are:

<b>Designated Doctor Exam Fees for dates of service 6/1/2024 - 12/31/2024</b>	
MMI exam	\$449
IR exam	\$385
<b>Total</b>	<b>\$834.00</b>

DWC finds that reimbursement in the amount of \$834.00 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 \$834.00 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 Union Insurance Co of Providence must remit to Dr. Davis \$834.0 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

November 20, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).