



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

J.S. Harris D.C.

Respondent Name

City of Austin

MFDR Tracking Number

M4-25-3380-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 25, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 9, 2025	Designated Doctor Examination 99456-W5	\$834.00	\$0.00
April 9, 2025	Designated Doctor Examination 99456-W6	\$642.00	\$0.00
Total		\$1,476.00	\$0.00

Requester's Position

"This insurance carrier and adjuster with her manager have continuously refused to process our billing and forward payment or even issue an E.O.B. Our patience is at an end as we are way outside 45days. The ordered examination was on 4/9/25 and the bill with documentation have been submitted timely and multiple times."

Amount in Dispute: \$1,476.00

Respondent's Position

"The carrier has issued a check to the provider in excess of what the provider has requested. Once the provider receives the checks covering the principal amount and interest, the provider will not be entitled to any additional monies."

Response Submitted by: Flahive, Ogden & Latson

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

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

- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed.
- 5854 – Includes additional payment dispensed from
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- P12 – Workers compensation jurisdictional fee schedule adjustment.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- 247 – A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service.
- N111 – No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.
- OA- Other adjustment.

Issues

1. Has the requester been previously paid for the dates of service in dispute?

Findings

1. Dr. Harris is seeking reimbursement for a designated doctor examination to determine maximum medical and improvement and impairment rating performed on April 9, 2025.

A review of the submitted documentation finds the requester billed the insurance carrier a total amount of \$1,476.00 for disputed services.

Review of the submitted explanation of benefits (EOB) documents finds the following:

- Insurance carrier issued payment on May 7, 2025, in amount of \$1,505.00. According to IC position statement, the check was not received by the requester.
- After review, the insurance carrier issued an electronic funds transfer on August 13, 2025, since initial check was not deposited.
- The requester mentioned on email to DWC dated September 29, 2025, that payment still had not been received.

Although the documentation submitted shows that payments have been made, the requester claims that payment has not been received in their email response to DWC regarding this dispute. The greater weight of evidence supports that payment was made in full and no additional payment 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 additional reimbursement for the disputed service.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November 25, 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.