



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Shellie N. Smith, D.C.

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-26-0054-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

September 5, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 17, 2025	Designated Doctor Examination 99456-W5, W6, MI	\$2,300.00	\$410.87

Requester's Position

Initial Statement: "Of the total billed amount of **\$1591.00**, the claim payout was **\$0.00**; **\$1591.00** is still owed."

Subsequent Statement: " 1. The carrier has made a partial payment regarding this dispute, and the minimal TDI required amount still owed is in the amount of \$410.87.

2. The carrier payed \$622.96 for a 1 level MMI and IR (W5). The difference still owed is \$240.04.

3. The carrier payed \$493.17 for an Extent of Injury (W6). The difference still owed is \$170.83."

Amount in Dispute: \$2,300.00

Respondent's Position

"The Carrier has issued payment for the medical bill pursuant to the attached EOBs."

Response Submitted by: Downs Stanford, P.C.

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

- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 309 – the charge for this procedure exceeds the fee schedule allowance.
- 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement caused by the compensable injury was also performed.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 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.

Issues

1. Is Shellie N. Smith, D.C. entitled to additional reimbursement for the examination in question?

Findings

1. Dr. Smith is seeking reimbursement for a designated doctor examination performed on July 17, 2025, to determine maximum medical improvement (MMI), impairment rating (IR) with multiple impairments, and the extent of the compensable injury.

The submitted documentation supports that Dr. Smith determined that the injured employee had reached MMI and performed an IR evaluation of the upper extremity. Per 28 TAC §134.240(d)(2)(C), "If the designated doctor determines MMI has been reached and an IR evaluation is performed, both the MMI evaluation and the IR evaluation portions of the examination must be billed and reimbursed in accordance with subsection (d) of this section."

28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)."

For the IR portion of the examination, 28 TAC §134.240(d)(4)(A)(i)(II) states, in relevant part, "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)."

28 TAC §134.240(d)(5) states, in relevant part, "The reimbursement rate for determining the extent of the employee's compensable injury is \$642 adjusted per §134.210(b)(4)."

28 TAC §134.240(4)(D) states, in relevant part, "When multiple IRs are required as a component of a designated doctor examination under this title, the designated doctor must bill for the number of body areas rated, and the insurance carrier must reimburse, \$64 adjusted per §134.210(b)(4) for each additional IR calculation."

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) ...

(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."

The adjusted reimbursement rate for the MMI portion of the examination in question with date of service July 17, 2025, is \$465.00. The adjusted reimbursement rate for the IR portion of the examination in question is \$398.00. The adjusted reimbursement rate for the extent of injury portion of the examination in question is \$664.00. Dr. Smith provided two additional impairment rating calculations. Reimbursement for this service is \$132.00.

DWC finds that the maximum allowable reimbursement for the services in question is \$1,659.00. Per Explanation of benefits dated September 10, 2025, the insurance carrier paid

\$1,194.00. The total remaining allowable reimbursement is \$465.00. Per its subsequent statement, the requester is seeking \$410.87. This amount 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 established that additional reimbursement of \$410.87 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 Indemnity Insurance Co of North America must remit to Shellie N. Smith, D.C. \$410.87 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

December 19, 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.