



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Sandra Silmon, D.C.

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-26-0107-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 11, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 20, 2025	Designated Doctor Examination 99456-W5	\$1,062.00	\$0.00
	Designated Doctor Examination 99456-W6	\$664.00	\$0.00
	Designated Doctor Examination 99456-W5-MI	\$66.00	\$0.00
Total		\$1,792.00	\$0.00

Requester's Position

Initial Statement: "This was the bill for a designated doctor evaluation that was initially submitted on 07/10/2025 via fax to 847-240-8172 (bill review) and 866-782-8959 (adjuster) based on the information provided on the attached DWC032 ... we resubmitted bill to fax number 877287-9014."

Subsequent Statement: "According to the attached Bill Review, partial payment was made based on 'the non-compensable injuries are not at MMI; therefore, no addtl IR occurred". Based on the Presiding officer's orders, it specifically requested to provide multiple certifications that necessitated explanations for each certification, regardless of if impairment was associated with the additional certifications."

Amount in Dispute: \$1,792.00

Respondent's Position

"The Requestor's original billing was received by the carrier on 08/15/2025 via fax. The TPA did not forward the billing the Bill Review team. The Requestor then faxed another billing package on 9/11/2025 that was subsequently sent to the Bill Review team ...

"The billing was received 9/11/2025. Bill Review has 45 days from receipt of a complete bill to review that bill. The bill was reviewed 9/26/2025. Attached is a copy of the EOR recommending payment of \$1732.00 which includes information on the denial of 99456-MI."

Response Submitted by: CorVel

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 \(TAC\) §127.10](#) provides the general procedures for designated doctor examinations.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
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:

- 234 – This procedure is not paid separately.
- Note: "Per rule 134.204, modifier MI is billed when the DD is completing multiple impairment ratings calculations. However, the non-compensable injuries are not at MMI; therefore, no addtl IR occurred."

Issues

1. Is Sandra Silmon, D.C. entitled to additional reimbursement?

Findings

1. Dr. Silmon is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and extent of the compensable injury.

In its response to the medical fee dispute request, the insurance carrier paid the billed services

in part. According to the explanation of benefits dated September 29, 2025, the insurance carrier paid the billed charges for determination of maximum medical improvement, impairment rating, and extent of the compensable injury in full. The insurance carrier denied payment for an additional certification of impairment rating.

28 TAC §127.10(d) states, in relevant part, "For examinations conducted under this subsection on or after June 5, 2023, the designated doctor may provide multiple certifications of MMI and impairment ratings only when directed by the division." The Presiding officer's directive to order designated doctor exam requests that the designated doctor "provide the following certifications:

- 1) Carrier-accepted conditions only ...
- 2) Carrier-accepted conditions ... plus ALL of the disputed conditions listed above ...
- 3) Carrier-accepted conditions ... plus the conditions that you opined to be part of the compensable injury in this examination ..."

28 TAC §134.240(d)(4) states, in relevant part,

- (D) 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.
- (E) When the division requires the designated doctor to complete **multiple IR calculations**, the designated doctor must apply the additional modifier "MI." [emphasis added]

Because the requester provided only one impairment rating, she is not entitled to reimbursement for the service in question.

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 additional 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

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.