



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Myron Foster, D.C.

**Respondent Name**

Standard Fire Insurance Company

**MFDR Tracking Number**

M4-26-0195-01

**Carrier's Austin Representative**

Box Number 5

**DWC Date Received**

September 19, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 26, 2024	Designated Doctor Exam / Extent of Injury 99456-W6	\$642.00	\$642.00

### Requester's Position

"Carrier is required to pay designated doctor exams."

**Amount in Dispute:** \$642.00

### Respondent's Position

"The Carrier received the initial complete billing for this date of service by the Provider on 03-21-2025 via facsimile as documented on the Explanation of Benefits. Based on Rule 102.4, that makes the submission date the same day. As this date is 125 days after the date of service of 11-26-2024, the billing was not timely submitted as required by Rule 133.20 and the Provider has waived the right to reimbursement."

**Response Submitted by:** Travelers

## 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 \(TAC\) §133.20](#) sets out the procedures for submission of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [The Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
4. [TLC §408.0272](#) sets out the exceptions to the timely filing of a medical bill.
5. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

### Denial Reasons

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

- 29 – The time limit for filing has expired.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.

### Issues

1. Is the requester entitled to reimbursement for the service in dispute?

### Findings

1. The requester is seeking reimbursement in the amount of \$642.00, for an extent of injury designated doctor exam that was performed on November 26, 2024.

With a few exceptions, 28 TAC §133.20(b) and Texas Labor Code (TLC) §408.027(a) requires the submission of medical bills not later than 95 days from the date of service.

28 TAC §133.20 (b) (1) states, "If a designated doctor refers an injured employee for additional testing or evaluation under §127.10 of this title, the 95-day period for timely submission of the bill begins on the date of service of the additional testing or evaluation."

The designated doctor referred the injured worker for additional testing, which was performed on February 24, 2025. The insurance carrier audited the medical bill in March of 2025, within the 95-day allowable timeframe.

28 TAC §134.240(5) states, "Extent of injury. The reimbursement rate for determining the extent of the employee's compensable injury is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W6.'"

A review of the submitted medical record finds that the requester provided an evaluation of an extent of injury exam. 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 November 26, 2024, are:

<b>Designated Doctor Exam Fees for dates of service 6/1/2024 - 12/31/2024</b>	
Extent-of-injury exam	\$642

The Division of Workers' Compensation (DWC) finds sufficient evidence that the requester submitted the medical bill to the insurance carrier within 95 days of the date and additional testing was provided. Accordingly, the DWC concludes that the requester is entitled to reimbursement of \$642 for the services rendered.

### Conclusion

The outcome of this medical fee dispute is determined by the evidence presented by both the requester and the respondent during the adjudication process. While it is acknowledged that not all evidence may have been discussed in detail, all information submitted was duly considered in reaching a resolution.

DWC finds the requester has established that reimbursement of \$642.00 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement. It is ordered that the respondent must remit to the requester \$642.00 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

October 24, 2025  
\_\_\_\_\_  
Date

### **Your Right to Appeal**

Either party to this medical fee dispute has the right to seek review of this decision under 28 TAC §133.307, which pertains to disputes filed on or after June 1, 2012.

A party wishing to seek 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 adhere to the instructions provided on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). You must submit your request to DWC within 20 days from the date you receive this decision. You can send your request via fax, mail, or by delivering it in person to DWC, using the contact details provided on the form or those of the field office managing your claim. It is imperative that your request is made within the specified timeframe to ensure proper handling of your case. Should you have any questions regarding DWC Form-045M, please contact CompConnection at 1-800-252-7031, option three or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

When seeking a review of the Medical Fee Dispute Resolution (MFDR) decision, the party initiating the review shall deliver a copy of the request to all other parties involved in the dispute simultaneously with the filing of the request with the Department of Workers' Compensation (DWC). Additionally, it is essential to include a copy of the Medical Fee Dispute Resolution Findings and Decision, along with any other required information as specified 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).