

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Neal Talbott, MD

Respondent Name

Praetorian Insurance Co

MFDR Tracking Number

M4-26-0300-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

September 30, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
November 15, 2024	99456-W5 / DD examination MMI	\$449.00	\$449.00
November 15, 2024	99456-W5 / DD examination IR	\$577.00	\$577.00
November 15, 2024	99456-W8 / DD examination for RTW	\$642.00	\$642.00
Total		\$1,668.00	\$1,668.00

Requester's Position

"Carrier has not responded to reconsideration nor sent an en EOB."

Amount In Dispute: \$1,668.00

Respondent's Position

The Austin carrier representative for Praetorian is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on October 1, 2025 .

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [133.240](#) sets out the procedures for payment, reduction, or denial of a medical bill.
3. 28 TAC Section [134.210](#) sets out the fee guidelines for workers' compensation specific services.
4. 28 TAC Section [134.240](#) sets out the fee guidelines for designated doctor examinations.

Adjustment Reasons

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the requester entitled to reimbursement?

Findings

1. Dr. Talbott is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and return to work assessment performed on November 15, 2024. The insurance carrier did not provide a response to this

dispute. DWC will base its decision on the available information.

2. Dr. Talbott indicated in the documentation that no payment or an explanation of denial was received for the medical bills in question.

28 TAC Section 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 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.

Because Praetorian Insurance Co failed to provide any defense of its non-payment for the services in question, Dr. Talbott is entitled to reimbursement.

28 TAC Section 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 Section 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.

- a) For musculoskeletal body areas, the designated doctor may bill for a maximum of three body areas.
 - i) Musculoskeletal body areas are:
 - (1) Spine and pelvis;
 - (2) upper extremities and hands; and
 - (3) lower extremities (including feet).
 - ii) For musculoskeletal body areas:
 - (1) the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4); and
 - (2) the reimbursement for each additional musculoskeletal body area is \$192 adjusted per §134.210(b)(4)."
- b) For non-musculoskeletal body areas, the designated doctor must bill, and the

insurance carrier must reimburse, for each non-musculoskeletal body area examined.

- i) Non-musculoskeletal body areas are defined as follows:
 - (1) body systems;
 - (2) body structures (including skin); and
 - (3) mental and behavioral disorders.
- ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides.
- iii) The reimbursement for the assignment of an IR in a non-musculoskeletal body area is \$192 adjusted per §134.210(b)(4)."

28 TAC Section 134.240(d)(7) states, "Return to work. The reimbursement rate for determining the ability of the injured employee to return to work is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W8.'"

A review of the submitted medical record finds that the requester provided an evaluation of maximum medical improvement, impairment rating, and return to work assessment.

In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on November 15, 2024, are:

Designated Doctor Exam Fees for dates of service 6/1/2024-12/31/2024	
MMI exam	\$449
IR exam first musculoskeletal (MSK) body area / Lower extremity	\$385
IR exam for non-MSK body area / body systems	\$192
Return-to-work exam	\$642
Total	\$1,668.00

DWC finds that reimbursement in the amount of \$1,668.00 is due for the service in dispute.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Praetorian Insurance Co must

remit to Neal Talbott, MD \$1,668.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 14, 2026

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.