



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Darla Kelly, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-26-0342-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

October 2, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 31, 2025 – June 30, 2025	Designated Doctor Examination 99456-W5	\$1,062.00	\$1,062.00
March 31, 2025 – June 30, 2025	Designated Doctor Examination 99456-W6	\$664.00	\$664.00
Total		\$1,726.00	\$1,726.00

Requester's Position

"Dr. Kelly performed a designated doctor exam on 03/31/2025. It was decided that she needed additional testing to aide with her decision making for the questions she was asked to address on the exam. The additional testing was performed 06/30/2025 and once the results were received, the exam was completed and sent to all required parties. The bill was faxed to the bill review company on 07/10/2025 ... The duration in days from the date the testing was completed to the date the bill was sent is only 10 days which is well within the 95 submission days rule."

Amount in Dispute: \$1,726.00

Respondent's Position

"The designated doctor did not comply with Rule 127.10(c)(5-6), there is no evidence to support that the provider requested additional time to submit the report beyond the 15 working days

from the physical examination that was performed on 03/31/2025 ... Our position is that no payment is due."

Response Submitted by: Texas Mutual Insurance Company

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](#) sets out the general procedures for designated doctor examinations.
2. 28 TAC [§133.20](#) sets out the procedures for medical bill submission by the health care provider.
3. 28 TAC [§133.307](#) sets out the procedures for resolving medical fee disputes.
4. 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:

- CAC-29 – The time limit for filing has expired.
- 731 – Per 133.20(b) provider shall not submit a medical bill later than the 95th day after the date the service.

Issues

1. Is the insurance carrier's denial based on timely filing supported?
2. Is the requester entitled to reimbursement for the services in question?

Findings

1. The requester is seeking reimbursement for a designated doctor examination ordered by DWC and billed with dates of service March 31, 2025, to June 30, 2025.

According to the explanation of benefits dated August 8, 2025, the insurance carrier denied payment stating that "the time for filing has expired," and "Per 133.20(b) provider shall not submit a medical bill later than the 95th day after the date the 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 evidence submitted to DWC indicated that the medical bill was submitted to the insurance carrier on July 10, 2025. DWC finds that the requester submitted the medical bill within 95 days of the date of service.

In its position statement, the insurance carrier argued that “The designated doctor did not comply with Rule 127.10(c)(5-6), there is no evidence to support that the provider requested additional time to submit the report beyond the 15 working days from the physical examination that was performed on 03/31/2025.”

According to available information, the requester was granted additional time to complete the designated doctor report on April 9, 2025. DWC finds that this argument is not supported.

2. Because the insurance carrier failed to support its denial of payment for the disputed services, DWC finds that the requester is entitled to reimbursement in accordance with applicable fee guidelines.

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

28 TAC §134.240(d)(4)(A) states, in relevant part, “For musculoskeletal body areas, the designated doctor may bill for a maximum of three body areas.

- (i) Musculoskeletal body areas are:
 - (I) spine and pelvis;
 - (II) upper extremities and hands; and
 - (III) lower extremities (including feet).
- (ii) For musculoskeletal body areas:
 - (I) the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4); and
 - (II) the reimbursement for each additional musculoskeletal body area is \$192 adjusted per §134.210(b)(4).”

28 TAC §134.240(d)(5) states, in relevant part, “The reimbursement rate for determining whether the injured employee's disability is a direct result of the work-related injury is \$642 adjusted per §134.210(b)(4) ...”

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 determination of maximum medical improvement is \$465.00. The adjusted reimbursement rate for the assignment of an impairment rating for two musculoskeletal body areas is \$597.00. The adjusted reimbursement rate for determination of the extent of the compensable injury is \$664.00.

The total allowable reimbursement for the services in question is \$1,726.00. 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 reimbursement 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 Texas Mutual Insurance Company must remit to Darla Kelly, D.C. \$1,726.00 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

January 8, 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 §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.