

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Leonard Lopez, MD

Respondent Name

Arch Insurance Company

MFDR Tracking Number

M4-26-0362-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

October 6, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 16, 2025	99456-W5 / DD examination MMI	\$0.00	\$0.00
January 16, 2025	99456-W8 / DD examination return to work	\$22.00	\$22.00
Total		\$22.00	\$22.00

Requester's Position

"Carrier is required to pay designated doctor exams."

Amount In Dispute: \$22.00

Respondent's Position

The Austin carrier representative for Arch Insurance Company is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on October 7, 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

The insurance carrier reduced payment for the disputed services with the following reasons:

1. 309 – The charge for this procedure exceeds the fee schedule allowance.
2. 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.
3. 6766 - Specialty Bill Audit/Expert Code Review involving the application of code auditing rules and edits based on coding conventions defined in the American Medical Association's Current Procedural Terminology (CPT) Manual, and coding guidelines developed by na...
4. TXP12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. What is DWC considering in this medical fee dispute?

2. Is the requester entitled to reimbursement?

Findings

1. Dr. Lopez is seeking reimbursement for a designated doctor examination to determine maximum medical improvement, impairment rating, and return to work assessment performed on January 16, 2025. The requester is seeking \$0.00 for the maximum medical improvement and impairment rating examination; therefore, this service is not considered in this dispute. The insurance carrier did not provide a response to this dispute. DWC will base its decision on the available information.
2. The insurance carrier reduced payment using code 309 that states, "The charge for this procedure exceeds the fee schedule allowance."

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 return-to-work assessment.

In accordance with 28 TAC Section 134.240, the adjusted reimbursements which apply to the disputed examination rendered on January 16, 2025, are:

Designated Doctor Exam Fees for dates of service 1/1/2025 - 12/31/2025	
Return-to-work exam	\$664.00

DWC finds that reimbursement in the amount of \$664.00 is due for the service in dispute. The carrier paid \$642.00 on February 10, 2025; therefore, the requester is entitled to the remaining amount of \$22.

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 Arch Insurance Company must remit to Leonard Lopez, DC, \$22.00 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 22, 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.