



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Jack P. Mitchell, D.C.

Respondent Name

National Union Fire Ins Co of Pitts PA

MFDR Tracking Number

M4-26-0592-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

October 31, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 22, 2025	Designated Doctor Examination 99456-NM	\$465.00	\$0.00
Total		\$465.00	\$0.00

Requester's Position

"Item 1.) DOS 05/22/2025, code 99456-NM (1) unit represents MMI/IR examination by a Designated Doctor ...

"For this exam, and as clearly indicated in the previously submitted narrative, MMI was determined not to be obtained, and an impairment rating was not calculated at that time. The provider should be reimbursed for determining only MMI at \$465 ...

"Documentation submitted with the complete medical bill documents a designated doctors exam selected by the DWC, for the purpose of establishing Maximum Medial Improvement for the entire injury."

Amount In Dispute: \$465.00

Respondent's Position

The Austin carrier representative for National Union Fire Ins Co of Pitts PA is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on November 3, 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.

Adjustment Reasons

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

1. 247 – A payment or denial has already been recommended for this service.
2. 18 – Exact duplicate claim/service
3. N111 – No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.

Issues

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

Findings

1. The requester is seeking reimbursement for an "MMI/IR examination by a Designated Doctor." The submitted documentation indicates the insurance carrier denied payment in full. This is the service considered in this dispute.
2. Per 28 TAC Section 133.307(c)(2)(M), the requester is required to include "a copy of all applicable medical records related to the dates of service in dispute." A review of the submitted documentation found no medical records related to the examination in question.

Therefore, the requester's position is not supported. No reimbursement can be recommended.

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 not established that reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	February 13, 2026
Signature	Medical Fee Dispute Resolution Officer	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.