



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Gary Williams, M.D.

Respondent Name

Hartford Ins Co of the Southeast

MFDR Tracking Number

M4-26-0698-01

Insurance Carrier's Austin Representative

BOX 47 Burns Anderson Jury Brenner & Donovan

DWC Date Received

November 11, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 5, 2025	Designated Doctor Examination	\$449.00	\$449.00
Total		\$449.00	\$449.00

Requester's Position

"ICD-10 CODES AND BILLING BOTH CORRESPOND TO INJURY EXAMINED DURING DDE EXAM AND MEDICAL RECORDS"

Amount In Dispute: \$449.00

Respondent's Position

"After further review of the documentation submitted with this dispute, there is no additional amount warranted.

"The original bill for dos 5/5/25 was received on 7/9/25 under control number... was denied as unrelated per the attached PLN11 on file. Provider is treating a non-compensable diagnosis."

Response Submitted By: The Hartford

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 [134.240](#) sets out the fee guidelines for designated doctor examinations.
3. Labor Code Section [408.0041](#) sets out the requirements for designated doctor examinations.

Adjustment Reasons

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

1. P2 – Not a work related injury/illness and thus not the liability of the workers' compensation carrier.
2. 133 – The disposition of this claim/service is pending further review.
3. 269 – This billing is for service unrelated to the work illness or injury.
4. 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
5. UNRL – Extent of injury not finally adjudicated. Reimbursement withheld – charge unrelated to compensable injury.
6. 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
7. 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation. We find our original review to be correct. Therefore, no additional allowance appears to be warranted.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial based on extent of injury and relatedness supported?
3. Is the requester entitled to reimbursement?

Findings

1. The requester is seeking reimbursement for a designated doctor examination to determine maximum medical improvement. The insurance carrier denied reimbursement stating, "This billing is for service unrelated to the work illness or injury," and "Extent of injury not finally adjudicated. Reimbursement withheld – charge unrelated to compensable injury.

DWC will evaluate the denial of payment for this service in accordance with the applicable rules and laws.

2. Labor Code Section 408.0041(h) states, in relevant part, "The insurance carrier shall pay for: (1) an examination required under Subsection (a), (f), or (f-2), unless otherwise prohibited by this subtitle or by an order or rule of the commissioner."

DWC finds that the examination in question was ordered in accordance with Labor Code Section 408.0041, therefore it is not subject to denials based on extent of injury or relatedness. The insurance carrier's denial for this reason is not supported.

3. Because the insurance carrier's denial reason is not supported, DWC finds that the requester is entitled to reimbursement.

28 TAC §134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)." The adjusted reimbursement amount is \$465.00. The requester is seeking \$449.00 This amount is 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 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 Hartford Ins Co of the Southeast must remit to Gary Williams, M.D. \$449.00 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

March 12, 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.