



# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**

James Bales, M.D.

**Respondent Name**

AIU Insurance Co

**MFDR Tracking Number**

M4-26-0773-01

**Insurance Carrier's Austin Representative**

BOX 19 Flahive Ogden & Latson

**DWC Date Received**

November 18, 2025

## Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
August 19, 2025	99456-W6 Designated Doctor Examination	\$664.00	\$664.00
<b>Total</b>		\$664.00	\$664.00

## Requester's Position

"8/24 – All paperwork successfully faxed 10/14 – Spoke to bill review, Reference # [redacted], was advised to speak to adjuster to release payment. 10/14 – Left message with adjuster, [redacted]. My call was not returned..."

**Amount In Dispute:** \$664.00

## Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: We have escalated the bills in question for manual review to determine if additional monies are owed. We will provide a supplemental response once the bill auditing company has finalized their review."

**Response Submitted By:** Gallagher Bassett

## 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 [134.240](#) 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. Did AIU Insurance Co take final action on the bill for the disputed service before medical fee dispute resolution was requested?
3. Is the requester entitled to reimbursement?

### Findings

1. Dr. Bales is requesting reimbursement for a designated doctor examination performed on August 19, 2025, to determine the extent of injury. In response to the Medical Fee Dispute Resolution (MFDR), the insurance carrier stated that it would submit a supplemental response after the bill auditing company completed its review. However, no supplemental response was provided at the time of review. Accordingly, the Division of Workers' Compensation (DWC) will base its decision on the information currently available in the record.
2. 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 to DWC supports that a complete bill for the services in question was received 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.

3. Because AIU Insurance Company failed to provide sufficient evidence of its non-payment for

the services in question, Dr. Bales is entitled to reimbursement.

28 TAC Section 134.240(5) states, "Extent of injury. The reimbursement rate for determining the extent of the employee's compensable injury is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W6.'"

A review of the submitted medical record finds that the requester provided an evaluation of the extent of injury exam.

In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on August 19, 2025, are:

<b>Designated Doctor Exam Fees for dates of service 1/1/2025 - 12/31/2025</b>	
<b>Annual MEI percentage 3.5%</b>	
Extent-of-injury exam	\$664.00

DWC finds that reimbursement in the amount of \$664.00 is due for the services 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 AIU Insurance Company must remit to James Bales, M.D. \$664.00 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

February 24, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).