



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Joshua Huffman, D.C.

Respondent Name

American Zurich Insurance Company

MFDR Tracking Number

M4-26-0784-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

November 19, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
June 20, 2025	99456-NM	\$449.00	\$0.00
Total		\$449.00	\$0.00

Requester's Position

"Specific reasoning/response: No response or correspondence to bill or reconsideration."

Amount In Dispute: \$449.00

Respondent's Position

"The provider filed a request for medical fee dispute resolution for a date of service of June 20, 2025. The provider billed for an MMI examination in the amount of \$449. The carrier agrees with the provider's position. In fact, the carrier processed the provider's medical bill on September 3, 2025 and which the carrier's EOB recommended payment of \$449."

Response Submitted By: Flahive, Ogden & Latson

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.

Adjustment Reasons

The insurance carrier submitted an Explanation of Benefits (EOB); however, no adjustment reason codes were provided for consideration

Issues

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

Findings

1. Dr. Huffman seeks reimbursement in the amount of \$449.00 for a designated doctor examination to determine maximum medical improvement (MMI) performed on June 20, 2025.
2. The submitted medical record supports that an MMI evaluation was performed on the date of service in dispute. Reimbursement is determined in accordance with 28 TAC Section 134.240.

Designated Doctor Exam Fees for dates of service 1/1/2025 - 12/31/2025	
Annual MEI percentage 3.5%	
MMI exam	\$465.00

The applicable fee guideline for a designated doctor MMI examination is \$465.00. A review of the submitted documentation reflects that the insurance carrier issued an Explanation of Benefits (EOB) dated September 3, 2025, reflecting payment in the amount of \$449.00, representing the full amount billed by the provider.

As the carrier reimbursed the full amount billed, and the payment issued is within the applicable fee guideline allowance, no additional reimbursement is warranted.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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 additional reimbursement is due.

Order

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

Authorized Signature

_____	_____	April 24, 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.