



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Cameron Lee Jackson, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-26-0819-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

November 20, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 4, 2025	99456-W6 Designated Doctor Exam	\$642.00	\$642.00

Requester's Position

"The insurance carrier has not properly paid this claim in accordance with DWC Rules governing the specific services billed."

Amount in Dispute: \$642.00

Respondent's Position

"Texas Mutual returned the bill to CAMERON L JACKSON DC with an explanation regarding the requirement for submitting a complete bill and notification of timely filing requirement. Later, Texas Mutual on 10/08/2025 received the bill from CAMERON L JACKSON DC. ... The rationale given by the requestor for the late bill is not consistent with the Rule above. Our position is that no payment is due."

Response Submitted by: Texas Mutual Insurance Company

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.210](#) sets out the fee guidelines for workers' compensation specific services.
3. [28 TAC §133.240](#) sets out the requirements for submission of a medical bill.
4. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

Neither party submitted an explanation of benefits (EOBs) for consideration in this dispute. Accordingly, the review is based on the information available at the time of the review.

Issues

1. Did Texas Mutual Insurance Company take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Did the insurance carrier raise a new defense in its response?
3. Is the requester entitled to reimbursement for the service in dispute?

Findings

1. Dr. Cameron Jackson DC is seeking reimbursement in the amount of \$642.00 for a designated doctor examination to determine extent of injury performed on February 4, 2025.

A review of the documentation shows a letter from Texas Mutual Insurance Company dated September 19, 2025, that stating, "We are unable to take further action on the attached document for the following reason(s): Comments, Please provide the physical address where medical services were rendered in box 32."

Under 28 TAC §133.307(c)(2)(K) health care providers must submit, "each explanation of benefits or e-remittance (collectively "EOB") related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB."

The requester indicated in their request dated October 3, 2025, that carrier received original bill and documentation on February 13, 2025, and noted "incorrect reduction and/or denial with EOB". However, no EOB was provided to support this claim.

Similarly, 28 TAC §133.307(d)(2)(B) requires the respondent to submit “all initial and appeal EOBs related to the dispute as originally submitted to the health care provider in accordance with this chapter, related to the health care in dispute not submitted by the requester, or a statement certifying that the respondent did not receive the health care provider's disputed billing before the dispute request.”

In their response, the carrier acknowledged receiving an incomplete bill on September 16, 2025, returned it with an explanation indicating, “Please provide the physical address where medical services were rendered in box 32” and later received a medical bill on 10/08/2025, no EOB’s were included in the response.

According to 28 TAC §133.240(a), an insurance carrier must take final action, by paying, reducing, or denying a service, within 45 days of receiving a medical bill. This deadline is not extended by a request for additional information.

Based on the greater weight of evidence, the Department of Workers’ Compensation (DWC) finds that a complete bill was received by the carrier and that there is no evidence showing the carrier took final action on the disputed service prior to the request for medical fee dispute resolution.

2. Texas Mutual argued in its position statement that the medical bill was did not meet the “timely filing requirement.”

Per 28 TAC §133.307(d)(2)(F), a carrier’s response to a dispute may only address denial reasons presented to the provider before the request for medical fee dispute resolution was filed. Any new defenses raised after that point are not considered in the dispute review.

The submitted documentation does not support that a denial based on “timely filing” was provided to Dr. Jackson prior to the MFDR request. Therefore, DWC will not consider this argument in the current dispute review.

3. Dr. Jackson indicated that the bill/claim had been incorrectly reduced or denied and was not reimbursed according to DWC Fee Guidelines for Designated Doctor Examinations.

Under 28 TAC §134.240(5):

“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 confirms that Dr. Jackson provided an evaluation of the extent-of-injury exam.

Based on 28 TAC §134.240, the adjusted reimbursement for the disputed examination on February 4, 2025, is:

Designated Doctor Exam Fees (for dates of service 1/1/2025 - 12/31/2025)	
Extent-of-injury exam	\$664.00

DWC finds that reimbursement in the amount of \$664.00 is due for the service in dispute. The requester is seeking \$642.00; therefore, this amount is recommended.

Conclusion

The DWC finds that the requester has established entitlement to reimbursement. Based on the evidence submitted by both parties at the time of adjudication, reimbursement of \$642.00 is due for the designated doctor examination performed on February 4, 2025.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed service. It is ordered that Texas Mutual Insurance Company must remit to Dr. Jackson \$642.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	December 16, 2025
Signature	Medical Fee Dispute Resolution Officer	Date

Your Right to Appeal

Either party to this medical fee dispute has the right to seek review of this decision under 28 TAC §133.307, which pertains to disputes filed on or after June 1, 2012.

A party wishing to seek 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 adhere to the instructions provided on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. You must submit your request to DWC within 20 days from the date you receive this decision. You can send your request via fax, mail, or by delivering it in person to DWC, using the contact details provided on the form or those of the field office managing your claim. It is imperative that your request is made within the specified timeframe to ensure proper handling of your case. Should you have any questions regarding DWC Form-045M, please contact CompConnection at 1-800-252-7031, option three or email CompConnection@tdi.texas.gov.

When seeking a review of the Medical Fee Dispute Resolution (MFDR) decision, the party initiating the review shall deliver a copy of the request to all other parties involved in the dispute simultaneously with the filing of the request with the Department of Workers' Compensation (DWC). Additionally, it is essential to include a copy of the Medical Fee Dispute Resolution Findings and Decision, along with any other required information as specified in [28 TAC §141.1 \(d\)](#).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.