



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

David West, D.O.

Respondent Name

Hartford Fire Ins Co

MFDR Tracking Number

M4-26-0821-01

Insurance Carrier's Austin Representative

BOX 47 Burns Anderson Jury Brenner & Donovan

DWC Date Received

November 20, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
July 18, 2025	99456-W5 Designated Doctor Examination	\$449.00	\$449.00
July 18, 2025	99456-W5-MI Designated Doctor Examination	\$64.00	\$64.00
July 18, 2025	99456-W5-MI Designated Doctor Examination	\$64.00	\$64.00
July 18, 2025	99456-W6 Designated Doctor Examination	\$642.00	\$642.00
July 18, 2025	99456-W5 Designated Doctor Examination	\$577.00	\$577.00
Total		\$1,796.00	\$1,796.00

Requester's Position

"Incorrect reduction and/or denial with EOB."

Amount In Dispute: \$1,796.00

Respondent's Position

The Austin carrier representative for Hartford Fire Ins Co is Burns Anderson Jury Brenner & Donovan. The representative was notified of this medical fee dispute on November 24, 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.
2. TLC Section [408.0041](#) sets out the guidelines for designated doctor examinations.
3. 28 TAC Section [134.240](#) sets out the fee guidelines for designated doctor examinations.
4. 28 TAC Section [134.210](#) sets out the fee guidelines for workers' compensation specific services.

Adjustment Reasons

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

1. 133 – The disposition of this service line is pending further review.
2. A1 – Claim/service denied.
3. 3 – Disputed claim.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial supported?
3. Is the requester entitled to reimbursement?

Findings

1. Dr. West seeks reimbursement for a designated doctor examination conducted on July 18, 2025, to determine maximum medical improvement, impairment rating, and extent of injury. The insurance carrier did not respond to this dispute; DWC will base its decision on the

available information.

2. The insurance carrier denied payment for the services in dispute with denial code, "A1 – Claim/service denied."

DWC finds that Dr. West was ordered by the commission to perform a designated doctor examination to determine maximum medical improvement, impairment rating and extent of injury in accordance with TLC Section 408.0041(a).

TLC Section 408.0041(a) states, "At the request of an insurance carrier or an employee, or on the commissioner's own order, the commissioner may order a medical examination to resolve any question about: (1) the impairment caused by the compensable injury; (2) the attainment of maximum medical improvement; (3) the extent of the employee's compensable injury..."

TLC Section 408.0041(h) requires the insurance carrier to reimburse designated doctor examinations unless otherwise prohibited by statute, order, or rule. The insurance carrier submitted no evidence to support that reimbursement for the examination in question was prohibited.

DWC finds that the insurance carrier's denial reason is not supported.

3. DWC finds that 28 TAC Section 134.240 applies to the reimbursement of the services in dispute.

28 TAC Section 134.240(d)(3) states, "MMI. MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W5.'"

28 TAC Section 134.240(d)(4) states, in relevant part, "IR. For IR examinations, the designated doctor must bill, and the insurance carrier must reimburse, the components of the IR evaluation. The designated doctor must apply the additional modifier 'W5.' Indicate the number of body areas rated in the units column of the billing form." Per subsection (A)(ii)(I), "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)." Per subsection (A)(ii)(II), "the reimbursement for each additional musculoskeletal body area is \$192 adjusted per §134.210(b)(4)." Per subsection (B)(iii), "The reimbursement for the assignment of an IR in a non-musculoskeletal body area is \$192 adjusted per §134.210(b)(4)."

28 TAC Section 134.240(d)(4)(D) states, "When multiple IRs are required as a component of a designated doctor examination under this title, the designated doctor must bill for the number of body areas rated, and the insurance carrier must reimburse, \$64 adjusted per §134.210(b)(4) for each additional IR calculation."

28 TAC Section 134.240(d)(4)(E) states, "When the division requires the designated doctor to complete multiple IR calculations, the designated doctor must apply the additional modifier

'MI.'"

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 shows that the requester provided an evaluation of maximum medical improvement (MMI), multiple impairment ratings (IR), and an extent of injury examination, as required by the commission order. In accordance with 28 TAC §134.240, the applicable reimbursements for the disputed examination conducted on July 18, 2025, are:

Designated Doctor Exam Fees for dates of service 1/1/2025 - 12/31/2025	
Annual MEI percentage 3.5%	
MMI exam	\$465
Multiple IR exams by DD only (on request by DWC)	\$66
Multiple IR exams by DD only (on request by DWC)	\$66
IR exam first musculoskeletal (MSK) body area	\$398
IR exam for additional MSK body area	\$199
Extent-of-injury exam	\$664
Total	\$1,858.00

The total allowable reimbursement is \$1,858.00. The requester is seeking \$1,796.00. 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 Fire Ins Co must remit to David West, D.O. \$1,796.00 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 27, 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.