



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Benjamin Meshack, D.C.

**Respondent Name**

Zurich American Insurance Company

**MFDR Tracking Number**

M4-26-0824-01

**Insurance Carrier's Austin Representative**

BOX 19 Flahive Ogden & Latson

**DWC Date Received**

November 20, 2025

### Summary of Findings

| Date(s) of Service | Disputed Services                         | Amount in Dispute | Amount Due        |
|--------------------|---|-------------------|-------------------|
| February 15, 2025  | 99456-W6<br>Designated Doctor Examination | \$642.00          | \$642.00          |
| February 15, 2025  | 99456-W7<br>Designated Doctor Examination | \$642.00          | \$642.00          |
| February 15, 2025  | 99456-W8<br>Designated Doctor Examination | \$642.00          | \$642.00          |
| <b>Total</b>       |   | <b>\$1,926.00</b> | <b>\$1,926.00</b> |

### Requester's Position

"No response or correspondence to original bill or reconsideration."

**Amount In Dispute:** \$1,926.00

### Respondent's Position

The Austin carrier representative for Zurich American Insurance Company is Flahive Ogden & Latson. 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. 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 Zurich American Insurance Company 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. Meshack is seeking reimbursement for a designated doctor examination to determine extent of injury, disability and return to work performed on February 15, 2025. The insurance carrier did not respond to the medical fee dispute resolution request. DWC will base its decision on the available information.
2. Dr. Meshack mentioned in the documentation that no payment or an explanation of denial for medical bills was received for the examination in question.

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 submitted to 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 Zurich American Insurance Company failed to provide any defense of its non-payment for the services in question, Dr. Meshack 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.'"

28 TAC Section 134.240(5) states, "Disability. The reimbursement rate for determining whether the injured employee's disability is a direct result of the work-related injury is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W7.'"

28 TAC Section 134.240(7) states, "Return to work. The reimbursement rate for determining the ability of the injured employee to return to work is \$642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W8.'"

A review of the submitted medical record finds that the requester provided an evaluation of extent of injury, disability and return to work exam.

In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on February 15, 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          |
| Disability exam   | \$664.00          |
| Return-to-work exam   | \$664.00          |
| <b>Total</b>  | <b>\$1,992.00</b> |

The total allowable reimbursement is \$1,992.00. The requester is seeking \$1,926.00. 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 Zurich American Insurance Company must remit to Benjamin Meshack, D.C. \$1,926.00 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](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).