TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Kristie Gaddis, D.C.

Respondent Name

Carolina Casualty Insurance

MFDR Tracking Number

M4-26-1413-01

Insurance Carrier's Austin Representative

BOX 17 Downs Stanford PC

DWC Date Received

January 20, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
November 13, 2025	99456 W5	$465.00	$465.00
November 13, 2025	99456 W8	$664.00	$664.00
	Total	$1,129.00	$1,129.00

Requester's Position

"EOB's with denial of payment for the Designated Doctor exam performed on 11/13/2025 was received today. The Carrier has had this invoice for 76 days now. This is the first EOB I have received. The Carrier, Gallagher Bassett, and the adjuster, [redacted], continue to be in violation of Tex. Lab Code &408.027(b) and 28 Tex Admin. Code &133.240, Tex. Lab Code &413.019(a) and 28 Tex Admin Code &I34.130(a) and Tex. Lab. Code &415.002(a)(20) and (22). Thank you for your assistance in getting this Designated Doctor Examination paid."

Amount In Dispute: $1,129.00

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 134.240 sets out the fee guidelines for designated doctor examinations.

Adjustment Reasons

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

1. 5731 – To avoid duplicate bill denial for all reconsiderations/ adjustments/ additional payment requests, submit a copy of this EOR or clear notation that recon is …
2. 90202, B13 – Previously paid. Payment for this claim/service may have been provided in previous payment.
3. 247 – A payment or denial has already been recommended for this service.

Issues

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

Findings

1. Dr. Gaddis is requesting reimbursement for a designated doctor examination conducted on November 13, 2025. The services were billed under CPT codes 99456-W5 and 99456-W6 and included the evaluation of maximum medical improvement (MMI), determination of impairment rating (IR), and assessment of return-to-work status. The insurance carrier denied payment, stating the claim was previously paid, however did not provide sufficient evidence to support this assertion. Therefore, the denial is unsupported, and the disputed services are reviewed to determine whether reimbursement is warranted.

2. 28 TAC Section 134.240(d)(2)(A) states, "A designated doctor must only bill and be reimbursed for an MMI or IR examination if they are an authorized doctor in accordance with the Labor Code and Chapter 130 and §180.23 of this title. (A) If the designated doctor determines that MMI has not been reached, the MMI evaluation portion of the examination must be billed and reimbursed in accordance with subsection (d) of this section. The designated doctor must add modifier 'NM.'"

   28 TAC Section 134.240(d)(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 MMI, IR and return to work.

   In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on November 13, 2025, are:

Designated Doctor Exam Fees for dates of service 1/1/2025 - 12/31/2025 Annual MEI percentage 3.5%	
MMI exam	$465.00
Return-to-work exam	$664.00
Total	$1,129.00

   DWC finds that reimbursement in the amount of $1,129.00 is due for the services in dispute.

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 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 Carolina Casualty Insurance must remit to Kristie Gaddis, D.C. $1,129.00 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	May 1, 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 electronico CompConnection@tdi.texas.gov.