TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Richard Lawrence, M.D.

Respondent Name

Starr Indemnity & Liability Co

MFDR Tracking Number

M4-26-1458-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

January 22, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 13, 2025	99456-W7 Designated Doctor Examination	$664.00	$664.00
March 13, 2025	99456-W8 Designated Doctor Examination	$664.00	$664.00
	Total	$1,328.00	$1,328.00

Requester's Position

"Carrier is required to pay designated doctor exams."

Amount In Dispute: $1,328.00

Respondent's Position

The Austin carrier representative for this claim is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on January 26, 2026.

Per 28 Texas Administrative Code Section 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 134.260 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating by a referred doctor.
3. TLC Section 408.0041 sets out the guidelines for designated doctor examinations.

Adjustment Reasons

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

1. D52 – Entitlement to benefits, not finally adjudicated.
2. P12 – Workers' compensation jurisdictional fee schedule adjustment.
3. 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
4. 18 – Exact duplicate claim service.
5. 224 – Duplicate charge.

Issues

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

Findings

1. Dr. Lawrence seeks reimbursement for a designated doctor examination conducted on March 13, 2025, to determine disability and return to work status. The insurance carrier did not respond to this dispute; DWC will base its decision on the available information.

2. DWC finds that Dr. Lawrence was ordered by the commission to perform a designated doctor examination to determine disability and return to work status in accordance with TLC Section 408.0041(a).

   TLC Section 408.0041 states, in relevant part,

   (a) 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: …

   (4) whether the injured employee's disability is a direct result of the work-related injury;

   (5) the ability of the employee to return to work …

   TLC Section 408.0041(h)(1) requires the insurance carrier to pay for "an examination required under Subsection (a), (f), or (f-2), unless otherwise prohibited by this subtitle or by an order or rule of the commissioner." DWC finds that reimbursement for the examination in question was not prohibited.

3. DWC finds that the requester is entitled to reimbursement in accordance with 28 TAC Section 134.240.

   28 TAC Section 134.240(d)(6) states, in relevant part, "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)." The adjusted rate for the date of service in question is $664.00.

   28 TAC Section 134.240(d)(7) states, in relevant part, "The reimbursement rate for determining the ability of the injured employee to return to work is $642 adjusted per §134.210(b)(4)." The adjusted rate for the date of service in question is $664.00.

   DWC finds that the total allowable reimbursement for the services in question is $1,328.00. This amount is recommended.

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 Starr Indemnity & Liability Co. must remit to Richard Lawrence, M.D. $1,328.00 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	June 2, 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.