



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Kevin Prentice, D.C.

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-26-1476-01

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
June 11, 2025	99456 W5	\$398.00	\$398.00
Total		\$398.00	\$398.00

Requester's Position

"Carrier is required to pay designated doctor exams."

Amount In Dispute: \$398.00

Respondent's Position

The Austin carrier representative for AIU Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on January 27, 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 [134.240](#) sets out the fee guidelines for designated doctor examinations.

Adjustment Reasons

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

1. 309 – The charge for this procedure exceeds the fee schedule allowance.
2. 4150 – An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed.
3. 5141 – Bill has been reviewed by a nurse or under the direction of a nurse.
4. P12 – Workers' compensation jurisdictional fee schedule adjustment.
5. N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
6. OA – Other adjustment.
7. 906 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed.
8. 97 – Payment adjusted because benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
9. N702 – Decision based on review of previously adjudicated claims or for claims in process for the same/similar type of services.

Issues

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

Findings

1. Dr. Prentice is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on June 11,

2025. The insurance carrier did not respond to the medical fee dispute resolution request. DWC may base its decision on the available information.

2. 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)."

A review of the submitted medical record finds that the requester provided an evaluation of MMI and IR exam of a musculoskeletal (MSK) body area.

In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on June 11, 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
IR exam first musculoskeletal (MSK) body area	\$398.00
Total	\$863.00

The total allowable reimbursement is \$863.00. The carrier paid \$465.00 on July 1, 2025; therefore, the requester is entitled to the remaining amount of \$398.00

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 additional reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that AIU Insurance Co must remit to Kevin Prentice, D.C. \$398.00 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

April 22, 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.