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

Tyler Johnson, D.C.

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-26-1484-01

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
April 11, 2025	99456 W5 Designated Doctor Examination	$132.00	$132.00
	Total	$132.00	$132.00

Requester's Position

"Carrier is required to pay designated doctor exams."

Amount In Dispute: $132.00

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. P12 – Workers' compensation jurisdictional fee schedule adjustment.
4. N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
5. OA – Other adjustment.
6. 247 – A payment or denial has already been recommended for this service.
7. 18 – Exact duplicate claim/service.
8. N111 – No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.

Issues

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

Findings

1. Dr. Johnson seeks additional reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and assign an impairment rating, billed under CPT code 99456-W5 and performed on April 11, 2025. The insurance carrier issued payment in the amount of $930.00, and the requester seeks an additional $132.00.

The insurance carrier did not respond to the medical fee dispute resolution request; therefore, the Division may base its decision on the available information. The Division will assess whether the requester is entitled to the additional amount in accordance with the applicable medical fee guidelines.

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)." Per subsection (A)(ii)(II)," the reimbursement for each additional musculoskeletal body area is $192 adjusted per §134.210(b)(4)."

   A review of the submitted medical record finds that the requester provided an evaluation of MMI and IR for two musculoskeletal body areas.

   In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on April 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 (spine)	$398.00
IR exam for additional MSK body area (lower extremity)	$199.00
Total	$1,062.00

   The total reimbursement is $1,062.00. The carrier paid $930.00 on May 8, 2025; therefore, the requester is entitled to the remaining amount of $132.00.

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 Tyler Johnson, D.C. $132.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section 134.130.

Authorized Signature

		May 6, 2026
Signature	Medical Fee Dispute Resolution Officer	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.