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

General Information

Requester Name

Masomeh Abtahi, D.C.

Respondent Name

San Antonio Water System SAWS

MFDR Tracking Number

M4-26-1509-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

January 28, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
July 10, 2025	99456-W5 Designated Doctor Examination	$449.00	$449.00
July 10, 2025	99456-W5 Designated Doctor Examination	$577.00	$577.00
	Total	$1,026.00	$1,026.00

Requester's Position

"Specific reasoning/response: No response to bill or reconsideration."

Amount In Dispute: $1,026.00

Respondent's Position

The Austin carrier representative for San Antonio Water System SAWS is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on January 29, 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

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did San Antonio Water System SAWS 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. Abtahi is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) conducted on July 10, 2025. The services were billed under CPT codes 99456-W5 and 99456-W5. Neither party submitted copies of explanation of benefits for consideration in this review. The insurance carrier did not respond to the medical fee dispute resolution request. DWC may base its decision on the available information.

2. Dr. Abtahi 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 received by 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. Because San Antonio Water System SAWS failed to provide any defense

of its non-payment for the services in question, Dr. Abtahi is entitled to reimbursement. Therefore, this MFDR request will be adjudicated in accordance with 28 TAC Section 134.240, which sets out the fee guidelines for examination to determine maximum medical improvement (MMI) and impairment rating (IR).

3. Because San Antonio Water System (SAWS) failed to provide any defense of its non-payment for the services in question, Dr. Abtahi is entitled to reimbursement.

   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 exam for two musculoskeletal body areas.

   In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on July 10, 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
IR exam for additional MSK body area	$199.00
Total	$1,062.00

   The total allowable reimbursement is $1,062.00. The requester is seeking $1,026.00. 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 San Antonio Water System (SAWS) must remit to Masomeh Abtahi, D.C. $1,026.00 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.