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

General Information

Requester Name

Gary Williams, M.D.

Respondent Name

National Union Fire Ins Co of Pitts PA

MFDR Tracking Number

M4-26-1518-01

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
September 8, 2025	Designated Doctor Examination 99456-NM	$465.00	$465.00
September 8, 2025	Designated Doctor Examination 99456-25	$311.00	$311.00
	Total	$776.00	$776.00

Requester's Position

"NO RESPONSE TO BILL OR RECONSIDERATION"

Amount In Dispute: $776.00

Respondent's Position

The Austin carrier representative for National Union Fire Ins. Co. of Pitts PA 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 134.210 sets out the fee guidelines for workers' compensation specific services.
3. 28 TAC Section 134.240 sets out the fee guidelines for designated doctor examinations.
4. Labor Code Section 408.0041 sets out the requirements for designated doctor examinations.

Adjustment Reasons

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

1. M62 – Missing/incomplete/invalid treatment authorization code.
2. N175 – Missing review organization approval.
3. P12 – Workers' compensation jurisdictional fee schedule adjustment.
4. P13 - Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies, use only if no other code is applicable.
5. 00663 – Reimbursement has been calculated based on the state guidelines.
6. XXU02 – The billed service was reviewed by UR and denied.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial based on preauthorization supported?
3. Is the requester entitled to reimbursement?

Findings

1. The requester is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) for an injury that required a specialty certification.

The examination in question was performed on September 8, 2025. The insurance carrier denied payment. This is the service considered in this dispute.

2. The insurance carrier denied payment for the services based on missing or denied preauthorization or utilization review. Per Labor Code Section 408.0041(h), the insurance carrier must pay for a designated doctor examination ordered by DWC "unless otherwise prohibited by this subtitle or by an order or rule of the commissioner." DWC finds that the examination in question is not subject to preauthorization requirements. This denial reason is not supported.

3. Because the insurance carrier's denial of payment is not supported, DWC finds that the requester is entitled to reimbursement.

   28 TAC Section 134.240(d)(3) states, in relevant part, "MMI evaluations will be reimbursed at $449 adjusted per §134.210(b)(4) …" The adjusted rate for the date of service in question is $465.00.

   28 TAC Section 134.240(g) states, in relevant part, "When the division orders the designated doctor to perform an examination of an injured employee with one or more of the diagnoses listed in §127.130(b)(9)(B) - (I) of this title: … (3) The designated doctor must bill, and the insurance carrier must reimburse $300 adjusted per §134.210(b)(4) in addition to the examination fee." The examination included a review of a traumatic brain injury, which requires board certification in accordance with 28 TAC Section 127.130. The adjusted rate for this service is $311.00.

   DWC finds the total allowable reimbursement for the services in question is $776.00. 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 National Union Fire Ins Co of Pitts PA must remit to Gary Williams, M.D. $776.00 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 5, 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.