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**

Dennis Williamson, D.C.

**Respondent Name**

Ace American Insurance Company

**MFDR Tracking Number**

M4-26-1559-01

**Insurance Carrier's Austin Representative**

BOX 15 Downs Stanford PC

**DWC Date Received**

January 30, 2026

## Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| December 10, 2025 | 99456 W5<br>Designated Doctor Examination | $398.00 | $398.00 |
| | **Total** | $398.00 | $398.00 |

## Requester's Position

"On the original bill, CPT code 99456 with modifier W5 was billed to indicate the designated doctor exam for MMI and IR. According to the EOB received, the MMI portion of the exam was reimbursed at $465.00. The IR portion was not reimbursed as it should have since the claimant was placed at MMI and an IR was given. The remaining portions of the exam for extent of injury, disability and return to work were reimbursed correctly and are not in quest."

**Amount In Dispute:** $398.00

## Respondent's Position

The Austin carrier representative for Ace American Insurance Company is Downs Stanford PC. The representative was notified of this medical fee dispute on February 2, 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. Neither party submitted a denial code explanation for the disputed services.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the insurance carrier take final action on the bill for the disputed services before medical fee dispute resolution was requested?
3. Is the requester entitled to reimbursement?

Findings

1. Dr. Williamson is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on December 10, 2025. The insurance carrier did not respond to the medical fee dispute resolution request. DWC may base its decision on the available information.

2. Dr. Williamson argued that he did not receive payment or an explanation of denial for medical bills submitted for the examination in question. Per 28 TAC Section 133.307(c)(2)(K), a request for medical fee dispute resolution (MFDR) must include each explanation of benefits (EOB) related to the dispute or, if no EOB was received, convincing documentation demonstrating that the insurance carrier received a request for an EOB.

Per 28 TAC Section 133.240(a), the insurance carrier is required 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 the Division of Workers' Compensation (DWC) indicates that the insurance carrier or its agent received the bill for the services in question. However, no evidence was provided to show that the insurance carrier took final action on this bill. As the insurance carrier failed to present any defense for non-payment, the DWC finds that Dr. Williamson is entitled to reimbursement for the services rendered.

3. A review of the submitted documentation indicates that the requester billed for CPT code 99456-W5. The insurance carrier issued a payment of $465.00, and the requester is seeking an additional payment of $398.00.

   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 for a musculoskeletal body area.

   In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on December 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 |
| **Total** | $863.00 |

   The total reimbursement is $863.00. The carrier paid $465.00 on January 27, 2026; 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 Ace American Insurance Company must remit to Dennis Williamson, DC $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 | May 1, 2026<br>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.