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

General Information

Requester Name

Thomas Pfeil, M.D.

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-26-1730-01

Insurance Carrier's Austin Representative

BOX 45 State Of Texas

DWC Date Received

February 19, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 17, 2025	Designated Doctor Examination 99456-W5	$199.00	$0.00
April 17, 2025	Designated Doctor Examination 99456-25	$0.00	$0.00
April 17, 2025	Designated Doctor Examination 99456-W6	$0.00	$0.00
	Total	$199.00	$0.00

Requester's Position

"THE CURRENT RULES ALLOW REIMBURSEMENT"

Amount In Dispute: $199.00

Respondent's Position

"The Office reimbursed in accordance with the updated 2025 fee schedule for the designated doctor exam for the number of units as shown on the bill we received from the billing provider. Upon receipt of the request for reconsideration, an additional $398.00 was mailed to the requester on 10/10/25."

Response Submitted By: State Office of Risk Management

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. P12 – Workers' compensation jurisdictional fee schedule adjustment.

2. W3 – Reporting purposes only

Issues

1. What is DWC considering in this medical fee dispute?

2. Is the requester entitled to additional reimbursement?

Findings

1. The requester is seeking an additional reimbursement of $199.00 for a designated doctor examination to determine maximum medical improvement (MMI), impairment rating (IR), evaluation of a condition requiring board certification, and extent of the compensable injury. Bills included in the request indicate that the requester billed for six units.

   The requester is seeking $0.00 for the board certification and extent of injury portions of the billing. Therefore, DWC will consider only the MMI and IR portions of the examination in accordance with applicable rules.

2. Reimbursement for designated doctor examinations is found in 28 TAC Section 134.240. Subsection (d) states, in relevant part,

   (3) MMI. MMI evaluations will be reimbursed at $449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier "W5."

   (4) 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.

(A) For musculoskeletal body areas, the designated doctor may bill for a maximum of three body areas.

(i) Musculoskeletal body areas are:

(I) spine and pelvis;

(II) upper extremities and hands; and

(III) lower extremities (including feet).

(ii) For musculoskeletal body areas:

(I) the reimbursement for the first musculoskeletal body area is $385 adjusted per §134.210(b)(4); and

(II) the reimbursement for each additional musculoskeletal body area is $192 adjusted per §134.210(b)(4).

(B) For non-musculoskeletal body areas, the designated doctor must bill, and the insurance carrier must reimburse, for each non-musculoskeletal body area examined.

(i) Non-musculoskeletal body areas are defined as follows:

(I) body systems;

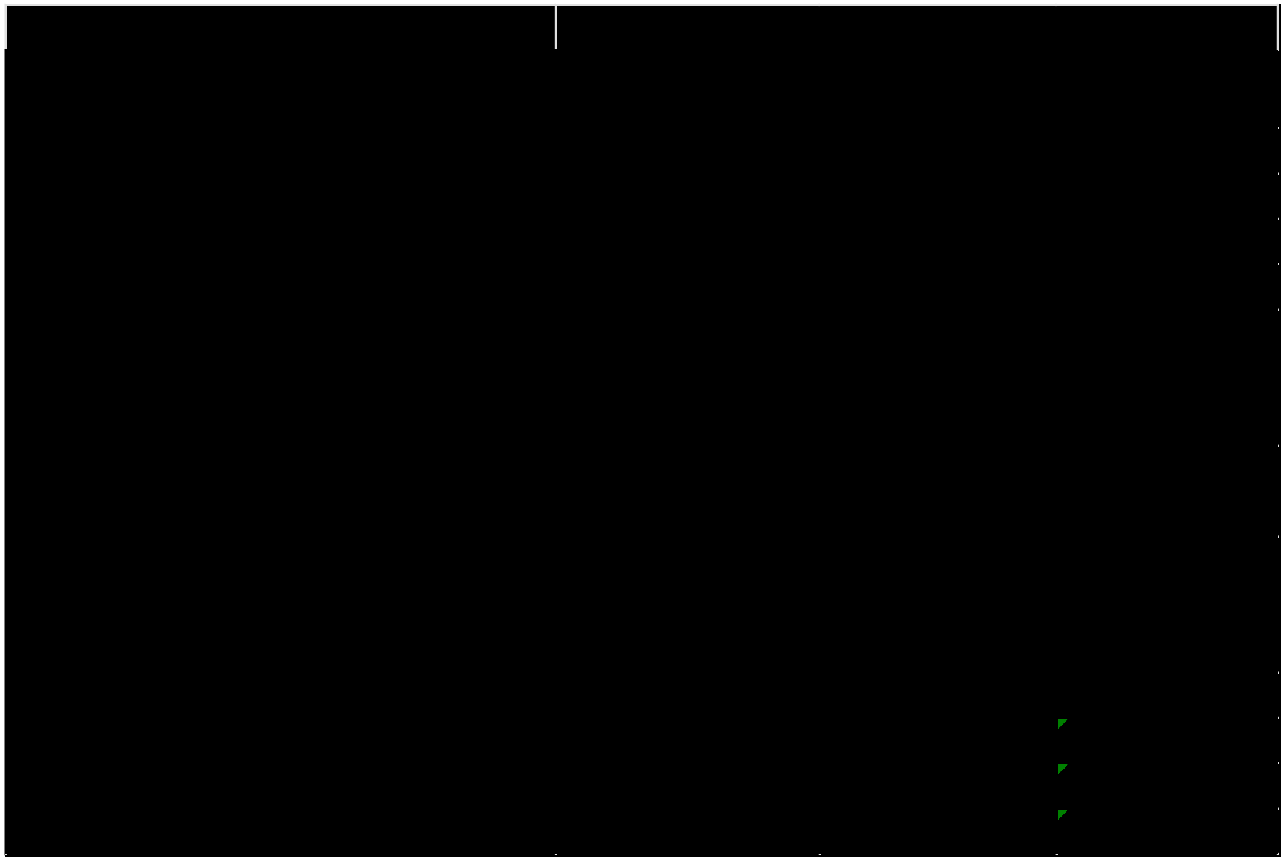
(II) body structures (including skin); and

(III) mental and behavioral disorders.

(ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides.

(iii) The reimbursement for the assignment of an IR in a non-musculoskeletal body area is $192 adjusted per §134.210(b)(4).

DWC found no impairment ratings for musculoskeletal body areas. The designated doctor provided impairment ratings for the following non-musculoskeletal conditions, with corresponding chapter of the AMA Guides:



DWC finds that the total allowable reimbursement for the services in question is $1,460.00. Per explanations of benefits dated May 16, 2025, and October 6, 2025, the insurance carrier paid $1,659.00. No additional reimbursement 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 not 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 $0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	May 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 electronico CompConnection@tdi.texas.gov.