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

John Davis, D.C.

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-26-1752-01

Insurance Carrier's Austin Representative

BOX 15 Downs Stanford PC

DWC Date Received

February 19, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 22, 2025	Designated Doctor Examination 99456-W5	$200.00	$200.00
	Total	$200.00	$200.00

Requester's Position

"THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount In Dispute: $200.00

Respondent's Position

"The CMS-1500 received has one line of service, 95456 W5. According to designated doctor bill practices, one line should be used for each component."

Response Submitted By: ESIS

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 134.2 sets out guidelines for incentive payments for workers' compensation underserved areas.
3. 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. 144 – Incentive adjustment, e.g. preferred product/service.
2. G15 – Pricing is calculated based on the medical professional fee schedule value.
3. J22 – The allowance includes the HPSA primary care bonus payment.
4. P12 – Workers' compensation jurisdictional fee schedule adjustment.
5. 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
6. 18 – Exact duplicate claim/service
7. 224 – Duplicate charge.

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 additional reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR)for one musculoskeletal body area. The insurance carrier reimbursed these services in part based on fee guidelines and HPSA primary care bonus. DWC will review these services in accordance with appropriate fee guidelines.

2. Per 28 TAC Section 134.240(d),

(d) When conducting a designated doctor examination, the designated doctor must bill, and the insurance carrier must reimburse, using CPT code 99456 and with the modifiers and rates specified in subsections (d)(1) - (7) …

(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 unit's column of the billing form.

28 TAC Section 134.240(d)(4)(A)(ii)(I) states, "the reimbursement for the first musculoskeletal body area is $385 adjusted per §134.210(b)(4)."

In its position statement, the insurance carrier stated, "According to designated doctor bill practices, one line should be used for each component." DWC finds no such requirement in 28 TAC Section 134.240. Therefore, reimbursement will be calculated in accordance with the fee guidelines.

The adjusted rate for MMI performed on the date of service in question is $465.00. The adjusted rate for IR of one musculoskeletal body area is $398.00. The zip code where the services were performed is noted as 78041. This zip code does not qualify for an additional incentive payment under 28 TAC Section 134.2. Therefore, the total allowable reimbursement for the services in question is $863.00.

Per explanations of benefits dated July 28, 2025, and November 19, 2025, the insurance carrier paid a total of $663.00.

DWC recommends an additional reimbursement of $200.00.

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 Indemnity Insurance Co of North America must remit to John Davis, D.C. $200.00 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	June 9, 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.