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

General Information

Requester Name

Jason Jodoin, D.C.

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-26-1756-01

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 29, 2025	99456-W5	$398.00	$398.00
	Total	$398.00	$398.00

Requester's Position

"CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS. THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount In Dispute: $398.00

Respondent's Position

The Austin carrier representative for Indemnity Insurance Company of North America is Downs Stanford PC. The representative was notified of this medical fee dispute on February 23, 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.
3. 28 TAC Section 134.210 sets out the fee guidelines for workers' compensation specific services.

Adjustment Reasons

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

1. P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
2. G15 – PRICING IS CALCULATED BASED ON THE MEDICAL PROFESSIONAL FEE SCHEDULE VALUE.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rules apply to the services in dispute?
3. Is the requester entitled to reimbursement?

Findings

1. This medical fee dispute resolution (MFDR) request involves an examination rendered on May 29, 2025, by a designated doctor for the purpose of establishing: if maximum medical improvement (MMI) has been reached; what date MMI was reached if applicable; to provide impairment ratings (IR) if MMI has been reached; and to determine the ability of the injured employee to return to work.

   The insurance carrier has previously allowed reimbursement in the reduced amount of $465.00 out of the $863.00 charged on the disputed date of service.

The requester is seeking additional reimbursement for the designated doctor examination services mentioned above. DWC will review the submitted documentation to determine entitlement of reimbursement in accordance with applicable DWC Statutes and Rules.

2. On the disputed date of service, the requester, a designated doctor, billed a total amount of $863.00 for CPT code 99456-W5. CPT code 99456 indicates the service of a MMI and/or IR examination by a doctor other than the treating doctor. Modifier W5 indicates the examination was performed by a designated doctor.

   DWC finds that 28 TAC Section 134.240, adopted to be effective June 1, 2024, applies to the reimbursement of the services in dispute. 28 TAC Section 134.240 (d), states in pertinent part,

   "(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)…

   (2) (C) If the designated doctor determines MMI has been reached and an IR evaluation is performed, **both the MMI evaluation and the IR evaluation portions of the examination must be billed and reimbursed** in accordance with subsection (d) of this section.

   (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.**

   (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; (musculoskeletal structures of torso)
   (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 finds that 28 TAC Section 134.210 applies to the annual fee adjustment of the disputed services, stating in pertinent part, "(b)(4) Fees established in §§134.235, 134.240, 134.250, and 134.260 of this title will be:

(A) adjusted once by applying the Medicare Economic Index (MEI) percentage adjustment factor for the period 2009 - 2024.

(B) adjusted annually by applying the MEI percentage adjustment factor identified in §134.203(c)(2).

(C) rounded to whole dollars by dropping amounts under 50 cents and increasing amounts from 50 to 99 cents to the next dollar. For example, $1.39 becomes $1 and $2.50 becomes $3.

(D) effective on January 1 of each new calendar year."

3. The requester, Jason Jodoin, D.C., is seeking additional reimbursement in the amount of $398.00 for a designated doctor examination rendered on May 29, 2025.

   The submitted medical record supports that the requester, a designated doctor, performed an evaluation of MMI as ordered by DWC. Per 28 TAC Section 134.240 (d), the maximum allowable reimbursement (MAR) for this examination in 2025 is $465.00.

   The submitted medical record further supports that the requester, a designated doctor, performed an impairment rating evaluation for **one musculoskeletal body area**. A review of the submitted medical bill finds that the requester indicated one unit in the units column of the medical bill as required in 28 TAC Section 134.240(d)(4). The rule at 28 TAC Section 134.240 defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of one musculoskeletal body area performed is $398.00.

In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on May 29, 2025, are:

- For an MMI examination reimbursement is $465.00.
- For an IR of one musculoskeletal body area reimbursement is $398.00.
- DWC finds that the total MAR for the examination in question rendered on May 29, 2025, is $863.00.
- The insurance carrier previously paid $465.00.
- Reimbursement in the amount of $398.00 is recommended.

DWC finds that the requester, a designated doctor, is entitled to reimbursement in the amount of $398.00 for the services in dispute rendered on May 29, 2025.

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 Indemnity Insurance Co. of North America must remit to Jason Jodoin, D.C. $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 13, 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.