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

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-26-1797-01

Insurance Carrier's Austin Representative

BOX 15 Downs Stanford PC

DWC Date Received

February 11, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 14, 2026	Designated Doctor Examination 99456-W5	$409.00	$409.00
	Total	$409.00	$409.00

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 $478.00. The IR portion was not reimbursed as it should have since the claimant was placed at MMI and an IR was given."

Amount In Dispute: $409.00

Respondent's Position

"The CMS-1500 received has one line of service, 99456 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 134.210 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.

Adjustment Reasons

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

1. 222 – Charge exceeds Fee Schedule allowance
2. P12 – Workers' compensation jurisdictional fee schedule adjustment.
3. ETBR – A technical Bill Review (TBR) has been performed.

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 an examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on January 14, 2026. The insurance carrier reduced payment citing fee guidelines. DWC will review these services in accordance with the fee guidelines.
2. Per 28 TAC Section 134.240,

   (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.

In its position statement, the insurance carrier stated, "one line should be used for each component." DWC finds no such requirement in 28 TAC Section 134.240.

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)."

The adjusted rate for determination of MMI for 2026 dates of service is $478.00. The adjusted rated for determination of IR is $409.00.

DWC finds that the submitted documentation supports that Dr. Williamson found the injured employee to be at MMI and determined an IR for one musculoskeletal body area. Therefore, the doctor is entitled to reimbursement of $887.00. Per explanation of benefits dated January 31, 2026, the insurance carrier paid $478.00 for the services in question. An additional reimbursement of $409.00 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 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 Dennis Williamson, D.C. $409.00 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 29, 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.