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

General Information

Requester Name

David Alvarado, D.C.

Respondent Name

City of Austin

MFDR Tracking Number

M4-26-1992-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

March 17, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 19, 2025	99456 W6 Designated Doctor Examination	$664.00	$664.00
	Total	$664.00	$664.00

Requester's Position

"Carrier is required to pay designated doctor exams."

Amount In Dispute: $664.00

Respondent's Position

The Austin carrier representative for City of Austin is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on March 19, 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 133.240 sets out the procedures for payment, reduction, or denial of a medical bill.

3. 28 TAC Section 134.240 sets out the fee guidelines for designated doctor examinations.

Adjustment Reasons

Neither party submitted an explanation of benefits for the disputed services.

Issues

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

2. Did City of Austin take final action on the bill for the disputed service before medical fee dispute resolution was requested?

3. Is the requester entitled to reimbursement?

Findings

1. Dr. Alvarado is seeking reimbursement for a designated doctor examination to determine extent of injury performed on September 19, 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. Alvarado mentioned in the documentation that no payment or an explanation of denial for medical bills was received for the examination in question.

   28 TAC Section 133.307(c)(2)(K) provides that a request for Medical Fee Dispute Resolution (MFDR) must include each Explanation of Benefits (EOB) or electronic remittance (e-remittance) related to the disputed service, as originally submitted to the health care provider in accordance with this chapter. If no EOB was received, the request must include persuasive documentation demonstrating that the insurance carrier received a request for the EOB.

Upon review of the documentation submitted, DWC notes that the requester provided correspondence dated November 13, 2025, in which the insurance carrier was contacted, and a copy of the EOB was requested for the audit of the disputed date of service, September 19, 2025. Based on this documentation, DWC finds that the requester has provided sufficient evidence to establish eligibility for dispute resolution

Additionally, 28 TAC Section 133.240(a) requires the insurance carrier 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 DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to support the fact that the insurance carrier took final action on the bill for the service in question. Therefore, this MFDR request will be adjudicated in accordance with 28 TAC Section 134.240, which sets out the fee guidelines for examination to determine extent of injury.

3. Because City of Austin failed to provide any defense of its non-payment for the services in question, Dr. Alvarado is entitled to reimbursement.

   28 TAC Section 134.240(5) states, "Extent of injury. The reimbursement rate for determining the extent of the employee's compensable injury is $642 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W6.'"

   A review of the submitted medical record finds that the requester provided an extent of injury evaluation.

   In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on September 19, 2025, are:

Designated Doctor Exam Fees for dates of service 1/1/2025 - 12/31/2025 Annual MEI percentage 3.5%	
Extent-of-injury exam	$664.00

   DWC finds that reimbursement in the amount of $664.00 is due for the services in dispute.

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 City of Austin must remit to David Alvarado, D.C. $664.00 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 12, 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.