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

United Medical Exams

Respondent Name

Deep East Texas Self Insurance Fund

MFDR Tracking Number

M4-26-2234-01

Insurance Carrier's Austin Representative

BOX 44 White Espey PLLC

DWC Date Received

April 9, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
August 7, 2024 [sic] (April 9, 2025)	99456 Designated Doctor Examination	$1,925.00	$1,925.00
	Total	$1,925.00	$1,925.00

Requester's Position

"We would like to request your assistance with collecting payment on a Designated Doctor Examination that was performed on the date of: 4/09/2025."

Amount In Dispute: $1,925.00

Respondent's Position

"Following a comprehensive review of the submitted documentation, it has been determined that the dates of service on August 7, 2024, exceed the timely filing requirement for Medical Dispute Resolution under Division Rule 133.3079c. This rule mandates that a request for medical fee dispute resolution must be submitted no later than one year following the dates of service in question. The Division of Workers' Compensation (DWC) received the Medical Dispute Resolution on April 13, 2026."

Response Submitted By: IMO

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. Is the requester entitled to reimbursement?

Findings

1. United Medical Exams is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI), impairment rating (IR) and extent of injury.

   The date of service listed on the table of disputed services is August 7, 2024. Based on this date of service, the insurance carrier argues that the disputed date exceeds the timely filing requirement for Medical Dispute Resolution. However, upon review of the submitted documentation, including DWC068, DWC069, CMS-1500, and the requester's position summary, it appears that the date of August 7, 2024, is a typographical error. DWC finds that the correct date of service is April 9, 2025.

   The medical fee dispute was received by the division on April 9, 2026, the dispute date of service is April 9, 2025, and therefore considered timely and eligible for review.

2. The requester is seeking reimbursement for CPT code 99456-W5 and 99456-W6, performed on April 9, 2025.

   28 TAC Section 134.240(d)(3) states, "MMI. MMI evaluations will be reimbursed at $449 adjusted per §134.210(b)(4), and the designated doctor must apply the additional modifier 'W5.'"

   28 TAC Section 134.240(d)(4) states, in relevant part, "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." Per subsection (A)(ii)(I), "the reimbursement for the first musculoskeletal body area is $385 adjusted per §134.210(b)(4)." Per subsection (A)(ii)(II)," the reimbursement for each additional musculoskeletal body area is $192 adjusted per §134.210(b)(4)."

   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 evaluation of MMI, IR for three musculoskeletal body areas, and an extent of injury exam.

   In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on April 9, 2025, are:

Designated Doctor Exam Fees for dates of service 1/1/2025 - 12/31/2025 Annual MEI percentage 3.5%	
MMI exam	$465.00
IR exam first musculoskeletal (MSK) body area / Lower extremity	$398.00
IR exam for additional MSK body area / Upper extremity	$199.00
IR exam for additional MSK body area / Spine	$199.00
Extent-of-injury exam	$664.00
Total	$1,925.00

   DWC finds that the requester is entitled to reimbursement in the amount of $1,925.00 for service date April 9, 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 Deep East Texas Self Insurance Fund must remit to United Medical Exams $1,925.00 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 27, 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.