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

General Information

Requester Name

Richard B. Lawrence III, MD

Respondent Name

Great American Alliance Insurance

MFDR Tracking Number

M4-26-2252-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

April 13, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
June 4, 2025	99456 W5 Designated Doctor Examination	$132.00	$132.00
	Total	$132.00	$132.00

Requester's Position

"Carrier is required to pay designated doctor exams."

Amount In Dispute: $132.00

Respondent's Position

"The current dispute involves CPT code 99456-W5 for a designated doctor examination performed on 06/04/2025. The total amount billed was $1,062.00, with $930.00 paid and $132.00 remaining in dispute. The carrier maintains that it has paid all reasonable, necessary, and related charges for this date of service in accordance with the applicable Texas workers' compensation fee guidelines."

Response Submitted By: Flahive, Ogden & Latson

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 Great American Alliance Insurance take final action on the bill for the disputed service before medical fee dispute resolution was requested?
3. Is the requester entitled to additional reimbursement?

Findings

1. Dr. Lawrence is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on June 4, 2025.
2. The documentation submitted for review does not include an explanation of benefits (EOB) from either party.

   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.

   While the documentation submitted suggests that the insurance carrier failed to respond to the bills, the Request for Medical Fee Dispute Resolution (DWC-060) reflects that the insurance carrier issued payment in the amount of $930.00. The insurance carrier's response also supports that payment was made. Accordingly, the disputed charges are reviewed

pursuant to the applicable statutes and rules to determine whether the requester is entitled to additional reimbursement for the disputed services.

3. A review of the submitted documentation indicates that the requester billed for CPT code 99456-W5. The insurance carrier issued a payment of $930.00, and the requester is seeking an additional payment of $132.00.

   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."

   28 Tac Section 134.240(d)(4)(B) states, in relevant part, "For non-musculoskeletal body areas, the designated doctor must bill, and the insurance carrier must reimburse, for each non-musculoskeletal body area examined." Per subsection (B)(iii), "The reimbursement for the assignment of an IR in a non-musculoskeletal body area is $192 adjusted per §134.210(b)(4)."

   A review of the submitted medical documentation finds that the requester provided an evaluation of MMI and IR exam for a musculoskeletal and a non-musculoskeletal body area.

   In accordance with 28 TAC Section 134.240, the reimbursements which apply to the disputed examination rendered on June 4, 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	$398.00
IR exam for non-MSK body area	$199.00
Total	$1,062.00

   The total reimbursement is $1,062.00. The carrier paid $930.00; therefore, the requester is entitled to the remaining amount of $132.00.

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 Great American Alliance Insurance must remit to Richard B. Lawrence III, MD $132.00 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 28, 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.