



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

General Information

Requestor Name

Dennis Williamson, D.C.

Respondent Name

Old Republic Insurance Co.

MFDR Tracking Number

M4-25-0032-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

September 3, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 12, 2024	Designated Doctor Examination Missed Appt. 99456-52	\$100.00	\$100.00
Total		\$100.00	\$100.00

Requestor's Position

"On the original bill, CPT code 9956[sic] with modifier 52 was billed to indicate the designated doctor exam to which the claimant did not show. According to the newest rules beginning June 01, 2024, this is the correct way to bill/indicate the exam. The insurance company disagreed as indicated on the EOB that this was not the correct CPT code/modifier. An appeal was sent on 06/28/2024 with a dispute letter indicating this information. On 07/31/2024, a determination EOB was received that indicated the insurance continue to uphold their previous decision."

Amount in Dispute: \$100.00

Respondent's Position

The Austin carrier representative for Old Republic Insurance Co. is White Espey, PLLC. The representative was notified of this medical fee dispute on September 10, 2024. Per 28 Texas Administrative Code §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 §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.240](#) sets out the medical fee guidelines for designated doctor examinations.

Adjustment Reasons

- 4 - THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
- 52 – REDUCED SERVICES/MRI <12 SLI
- 306 - TO REPRICE THIS CODE REQUIRES THE APPROPRIATE MODIFIER. PLEASE ATTACH THE APPROPRIATE MODIFIER AND RESUBMIT.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 813 - RE-EVALUATED; NO ADDITIONAL PAYMENT IS RECOMMENDED.

Issues

1. What rules apply to the service in dispute?
2. Is the insurance carrier's reason for denial of reimbursement supported?
3. Is the requestor entitled to reimbursement?

Findings

1. A review of the submitted documentation and information known to DWC finds that an injured employee failed to attend a designated doctor examination that was scheduled to be rendered by the requestor on June 14, 2024.

DWC finds that 28 TAC §134.240 applies to the medical fee charge in dispute. 28 TAC §134.240, which sets out the medical fee guidelines for designated doctor examinations, states in pertinent part, "(b) The designated doctor must bill, and the insurance carrier must reimburse, for a missed appointment when the injured employee does not attend a properly scheduled or rescheduled examination under 28 TAC §127.5(h) - (j).

- (1) The designated doctor may bill for the missed appointment fee when:
 - (A) the injured employee does not attend a scheduled appointment; and
 - (B) the designated doctor waits at the examination location for at least 30 minutes after the scheduled appointment time.

(2) When billing for the missed appointment, the designated doctor must bill CPT code 99456 with modifier "52."

(3) Reimbursement for a missed appointment is \$100 adjusted per §134.210(b)(4)."

2. The requestor, Dennis Williamson, D.C., billed the insurance carrier in the amount of \$100.00 for a missed designated doctor examination appointment which was scheduled to be rendered on June 12, 2024. The requestor billed the missed appointment charge using CPT code 99456-52.

A review of the explanation of benefits (EOB) documents submitted finds that the insurance carrier denied reimbursement of the disputed charge due to a missing or incorrect modifier.

A review of the medical bill and submitted documents finds that the requestor billed the disputed charge using the correct CPT code and modifier in accordance with 28 TAC §134.240, which sets out the medical fee guidelines for designated doctor examinations. Therefore, DWC finds that the insurance carrier's reason for reimbursement denial is not supported.

3. The requestor, Dennis Williamson, D.C., is seeking reimbursement in the amount of \$100.00 for a designated doctor examination missed appointment, billed under 99456-52, rendered on June 12, 2024.

Because the insurance carrier's reason for denial of reimbursement is not supported, DWC finds that the requestor is entitled to reimbursement in accordance with 28 TAC §134.240.

DWC finds that reimbursement in the amount of \$100.00 is due for the service in dispute.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has established that reimbursement in the amount of \$100.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed service. It is ordered that Old Republic Insurance Co. must remit to Dennis Williamson, D.C. \$100.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

December 18, 2024

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §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 1-800-252-7031, option 3 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 the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.