



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Dennis Williamson, D.C.

Respondent Name

Sompo America Fire & Marine Insurance Co.

MFDR Tracking Number

M4-25-0505-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 29, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 23, 2024	Designated Doctor – No Show 99456-52	\$203.00	\$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 ... This exam was originally ordered by the insurance carrier through TDI to determine MMI/IR/EOI. On the date of the exam, the claimant failed to attend, therefore the insurance was sent the bill for the no show."

Amount in Dispute: \$100.00

Respondent's Position

"The designated doctor may bill for the missed appointment when the injured employee does not attend a scheduled appointment, and the designated doctor waits at the examination location for at least 30 minutes after the scheduled appointment time. See rule 134.240(b). The provider billed \$203. Yet, rule 134.240(b)(3) provides for payment of \$100.00 ...

"The provider is not entitled to payment of the additional \$103.00."

Response Submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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 fee guidelines for designated doctor examinations.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- P12-1 – Workers' compensation jurisdictional fee schedule adjustment.
- P2-1 – Not a work related injury/illness and thus not the liability of the workers' compensation carrier.
- 00663-1 – Reimbursement has been calculated based on the state guidelines
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 5953-1 – The services have been denied as the billed diagnosis codes are pre-existent, degenerative, group health related or are not typically associated with a work injury. The bill needs to be resubmitted with additional diagnosis code(s) related to the claimant's Workers' Compensation injury.
- 90223 – Workers' compensation jurisdictional fee schedule adjustment.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 5283-1 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, provider's contract, or carrier decision.
- 90563 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is this dispute subject to dismissal based on compensability, extent of injury, or liability?
2. Is Dennis Williamson, D.C., entitled to reimbursement for the examination in question?

Findings

1. Dr. Williamson is seeking reimbursement for an injured employee's failure to attend a designated doctor's examination scheduled for August 23, 2024. The insurance carrier denied payment, in part, "Not a work related injury/illness and thus not the liability of the workers'

compensation carrier," and "The services have been denied as the billed diagnosis codes ... group health related or are not typically associated with a work injury. The bill needs to be resubmitted with additional diagnosis code(s) related to the claimant's Workers' Compensation injury."

The examination in question was ordered by the commission on August 8, 2024. Therefore, a denial based on compensability, extent of injury, or liability is not appropriate. This dispute cannot be dismissed for this reason.

2. Because the insurance carrier's denial of payment is not upheld, DWC will review the service in question based on applicable fee guidelines.

The documentation submitted with this dispute request indicate that the requestor was present at the examination in accordance with the Commissioner's Order and waited for 30 minutes after the scheduled appointment time. The documentation further indicates that the "injured employee failed to attend" the scheduled examination.

28 TAC §134.240(b) states, in relevant 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).

DWC finds that Dr. Williamson is entitled to reimbursement of \$100.00 for the service in question. The evidence submitted indicates that the insurance carrier paid \$0.00. Reimbursement of \$100.00 is recommended.

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 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 services. It is ordered that Sompo America Fire & Marine 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

January 28, 2025

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 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 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 tres o correo electrónico CompConnection@tdi.texas.gov.