



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Charles Silver, M.D.

Respondent Name

AIU Insurance Co.

MFDR Tracking Number

M4-25-1359-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 18, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 19, 2024	Designated Doctor Examination No-Show – 99456-52	\$100.00	\$100.00

Requestor's Position

"The injured worker was scheduled for a Designated Doctor examination as per the DWC032 dated 08/02/2024. The appointment was scheduled for 09/19/2024, however, the injured employee did not attend the examination as scheduled. The complete/clean bill was submitted to the carrier for reimbursement on 09/20/2024. Despite countless attempts to obtain an explanation of benefits, it has not been provided to date ..."

Amount in Dispute: \$100.00

Respondent's Position

"For DOS 09/19/2024, the Requestor/HCP submitted a bill for a no-show for a Designated Doctor Exam. The HCP's billing included only one DX code – T14.90XA (Injury, unspecified, initial encounter). The bill was received 11/14/2024 and forwarded to the Bill Review Vendor. A copy of the EOR and documentation are attached ..."

"As the Requestor was to perform a Designated Doctor Exam and having received a copy of the

DWC032, The Requestor was aware of the area to be reviewed for the DDE. Additionally, the TPA/Carrier sent the provider a summary of the medical records along with a copy of the medical records for the claim."

Response Submitted by: CorVel

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 \(TAC\) §133.10](#) sets out the procedures for completing a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [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:

- 11 – Diagnosis Inconsistent with Procedure
- RJ5 – Unspecified DX not accepted as primary dx
- 52 – Reduced Services
- Comments: "A VALID DX CODE IS STILL REQUIRED WHEN SUBMITTING BILLS ON CMS1500 FORM – REGARDLESS OF THE CHARGE"

Issues

1. Is Charles Silver, M.D. entitled to reimbursement for the examination in question?

Findings

1. Dr. Silver is seeking reimbursement for charges related to a designated doctor examination missed by the injured employee. The insurance carrier denied payment stating, "Diagnosis Inconsistent with Procedure" and "Unspecified DX not accepted as primary dx."

In its position statement, the insurance carrier said, "The Respondent consistently uses CARC 11 when denying any provider's billing that uses this ICD10 code rather than the true ICD 10 code specific to the workers' compensation injury."

28 TAC §133.10(f)(1)(M) states that a "diagnosis or nature of injury (CMS-1500/field 21) is required; at least one diagnosis code and the applicable ICD indicator must be present" on the

medical bill.

The greater weight of evidence supports that the insurance carrier received medical bills with a diagnosis code in the appropriate field. Therefore, the insurance carrier's denial of payment for this reason is not supported and Dr. Silver is entitled to reimbursement.

28 TAC §134.240 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."

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

DWC finds the total allowable reimbursement for the service in question is \$100.00. This amount 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 AIU Insurance Co. must remit to Charles Silver, M.D. \$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

April 4, 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 electronico CompConnection@tdi.texas.gov.