



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

James Bales, M.D.

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-25-1662-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

March 25, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 6, 2024	Designated Doctor Examination – No Show – 99456-52	\$100.00	\$100.00

Requestor's Position

"Please see attached Medical Fee Dispute"

Amount in Dispute: \$100.00

Respondent's Position

"Texas Mutual received an incomplete bill from JKB MEDICAL EXAMS LLC on multiple dates ...

"Texas Mutual returned the bill to JKB MEDICAL EXAMS LLC with an explanation regarding the requirement for submitting a complete bill and notification of timely filing requirement.

"Texas Mutual on 1/29/2025 received a complete bill from JKB MEDICAL EXAMS LLC ...

"Rule 133.20(b) states, 'Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit

the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied.

"The rationale given by the requestor for the late bill is not consistent with the Rule above."

Response Submitted by: Texas Mutual Insurance Company

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 \(TAC\) §133.240](#) sets out the procedures for payment or denial of 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

Neither party submitted an explanation of benefits with reasons for the payment, reduction, or denial of payment for the disputed services.

Issues

1. Did Texas Mutual Insurance Company take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Did the insurance carrier raise a new defense in its response?
3. Is James Bales, M.D. entitled to reimbursement for the service in question?

Findings

1. Dr. Bales is seeking reimbursement for a scheduled designated doctor examination that the injured employee failed to attend.

The documentation submitted to DWC indicates that the insurance carrier returned the submitted medical bill as incomplete three times. In its response to this medical fee dispute

request, it argued that it provided "notification of timely filing requirement" and referenced "Rule 133.20(b)," related to timely filing of a medical bill.

The response from the insurance carrier is required by 28 TAC §133.307(d)(2)(F) to address only the denial reasons presented to the health care provider before the request for medical fee dispute resolution (MFDR) was filed with DWC. Any new denial reasons or defenses raised shall not be considered in this review.

The submitted documentation does not support the claim that a denial based on timely filing was provided to Dr. Bales before this request for MFDR was filed. Therefore, DWC will not consider this argument in the current dispute review.

2. In its response to this medical fee dispute request, the insurance carrier stated, "Texas Mutual on 1/29/2025 received a complete bill from JKB MEDICAL EXAMS LLC."

Per 28 TAC §133.240(a), the insurance carrier is required 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.

No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

3. Because the insurance carrier failed to support its denial of payment for the bill in question, DWC finds that Dr. Bales is entitled to reimbursement.

Per 28 TAC §134.240(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 no adjustments apply to this date of service, therefore, the total allowable reimbursement 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 Texas Mutual Insurance Company must remit to James Bales, 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 30, 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.