



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

John E. Slaughter D.C.

Respondent Name

Markel Insurance Company

MFDR Tracking Number

M4-25-1907-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

April 16, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 17, 2024	Designated Doctor No-Show 99456-52	\$100.00	\$100.00

Requester's Position

"CARRIER IS REQUIRED TO PAY DESIGNATED DOCTOR EXAMS...."

Amount in Dispute: \$100.00

Respondent's Position

The Austin carrier representative for Markel Insurance Company is Downs Stanford PC. The representative was notified of this medical fee dispute on April 23, 2025. 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 \(TLC\) §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

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

- DDP – Procedure denied is a non-covered service.
- 96 – Non-covered charge(s).

Issues

1. Is John E. Slaughter D.C. entitled to reimbursement for the service in question?

Findings

1. Dr. Slaughter is seeking reimbursement for a missed designated doctor examination scheduled for July 17, 2024.

The insurance carrier denied payment stating, "Procedure denied is a non-covered service." However, missed designated doctor appointments are covered under 28 TAC 134.240(b) which states:

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

No adjustment per §134.210(b)(4) applies to the service in question. Therefore, DWC finds that Dr. Slaughter is entitled to a reimbursement of \$100.00.

Conclusion

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

DWC finds the requester has established that reimbursement of \$100.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Markel Insurance Company must remit to John E. Slaughter D.C. \$100.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	July 29, 2025
Signature	Medical Fee Dispute Resolution Officer	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.