



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Victor Kumar-Misir, M.D.

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-25-2331-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

May 21, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 18, 2024	Designated Doctor Examination 99456-W5	\$449.00	\$0.00
	Designated Doctor Examination 99456-W5	\$769.00	\$0.00
Total		\$1,218.00	\$0.00

Requestor's Position

"PER RULE 127.10 THE DESIGNATED DOCTOR HAS 95 DAYS FROM THE DATE OF THE LAST DIAGNOSTIC EXAM TO SUBMIT THE BILL AND REPORT. THE EMG APPOINTMENT WAS ON 1-27-25 ... If a designated doctor refers an injured employee for additional testing or evaluation under §127.10 of this title: (1) The 95-day period for timely submission of the designated doctor bill for the examination begins on the date of service of the additional testing or evaluation."

Amount in Dispute: \$1,218.00

Respondent's Position

"In review of the DWC-60 packet and Texas Mutual's records; the designated doctor did not submit the bill timely. The designated doctor did refer the injured worker for additional testing however the additional testing was not performed until 01/27/2025. The designated doctor's

exam was performed on 10/18/2024. Review of the packet does not support that the designated doctor requested or was granted approval from the division for an extension above the 15 working days from the date of the exam, per Rule 127.10(c)(5). Rule 127.10(c)(5) states 'Any additional testing or referral examination and the designated doctor's report must be completed within 15 working days of the designated doctor's physical examination of the injured employee unless the designated doctor receives division approval for additional time before the 15 working days expire.'

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 \(TAC\) §133.20](#) sets out the procedures for medical bill submission.
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 examination.

Denial Reasons

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

- CAC-29 – The time limit for filing has expired.
- 731 – Per 133.20(b) provider shall not submit a medical bill later than the 95th day after the date the service.
- 928 – HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 891 – No additional payment after reconsideration

Issues

1. Is the insurance carrier's denial of payment based on timely filing supported?

Findings

1. Victor Kumar-Misir, M.D. is seeking reimbursement for a designated doctor examination performed on October 18, 2024. The insurance carrier denied payment stating that the "time

limit for filing has expired.”

Per 28 TAC §133.20(b) states, in relevant part,

- (b) Except as provided in Labor Code §408.0272(b), (c), or (d), a health care provider must not submit a medical bill later than the 95th day after the date the services are provided.
 - (1) If a designated doctor refers an injured employee for additional testing or evaluation under §127.10 of this title, the 95-day period for timely submission of the bill begins on the date of service of the additional testing or evaluation.

Dr. Kumar-Misir argued that the 95-day period began on the date of a testing examination performed on January 27, 2025. According to 28 TAC §134.240(e),

- (e) Required testing or evaluation under §127.10 of this title must be billed using the appropriate CPT codes. Reimbursement will be according to §134.203 or other applicable division fee guidelines in addition to the examination fee. If a designated doctor refers an injured employee for additional testing or evaluation under §127.10 of this title:
 - (1) The 95-day period for timely submission of the designated doctor bill for the examination begins on the date of service of the additional testing or evaluation.
 - (2) The dates of service (CMS-1500/field 24A) are as follows: the “From” date is the date of the designated doctor examination, and the “To” date is the date of service of the additional testing or evaluation.

The bill shows both the “From” and “To” dates as October 18, 2024, the date of the original designated doctor exam. Because the bill did not properly incorporate the later testing date, the filing deadline remains 95 days after October 18, 2024. No documentation was provided to show that the bill was submitted within 95 days of October 18, 2024.

For this reason, DWC finds that the insurance carrier’s denial of payment for the examination in question is supported.

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 not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 13, 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.