



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Neal Talbott, M.D.

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-25-2332-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

May 21, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 6, 2024	Designated Doctor Examinations 99456-W5	\$449.00	\$0.00
	Designated Doctor Examinations 99456-W5	\$385.00	\$0.00
	Designated Doctor Examinations 99456-W6	\$642.00	\$0.00
	Designated Doctor Examinations 99456-W7	\$642.00	\$0.00
	Designated Doctor Examinations 99456-W8	\$642.00	\$0.00
Total		\$2,760.00	\$0.00

Requestor's Position

"SPECIFIC REASONING/RESPONSE: PER RULE 127.10 THE DSIGNATED [sic] DOCTOR HAS 95 DAYS FROM THE DATE OF THELAST [sic] DIAGNOSTIC TO SUBMIT THE BILL AND REPORT. THE EMG APPOINTMENT WAS ON 1-6-25."

Amount in Dispute: \$2,760.00

Respondent's Position

"... the Office reviewed the disputed charges and determined that we will maintain our denial. There is no evidence in the dispute packet to support the two criteria outlined in Texas Labor Code §408.0272(b), (c), or (d) to apply toward an exception to timely filing a medical bill within 95 days from the date of service.

"Furthermore, it appears the provider failed to bill following the new billing rules as outlined in 28 TAC 133.10(O)(i) that were effective 6/1/2024 by billing the 'to' and 'from' dates to clarify the 95-day billing deadline. The Office noted that the requestor is indicating there was additional testing performed on 1/6/25, which is not indicated as the 'to' date on the CMS 1500."

Response Submitted by: State Office of Risk Management

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 submitting a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 29 – The time limit for filing has expired.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

Issues

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

Findings

1. Neal Talbott, M.D. is seeking reimbursement for a designated doctor examination performed on December 6, 2024. The insurance carrier denied payment based on timely filing.

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

Documentation submitted with this disputes indicates that the first bill was submitted to the insurance carrier on March 28, 2025. This is more than 95 days after the date of the examination in question. In its position statement, the requester argued "THE EMG APPOINTMENT WAS ON 1-6-25."

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

According to the documentation submitted with this dispute, the services in question were billed with "From" date as December 6, 2024, and the "To" date was shown as December 6, 2024. Because the billed dates of service are the basis for the timely filing requirement, DWC finds that the insurance carrier's denial of payment is supported. No reimbursement can be 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 requester has not established that reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 10, 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.