



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Juan Quiroz, M.D.

Respondent Name

Hartford Insurance Co. of Illinois

MFDR Tracking Number

M4-25-2344-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

May 21, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 2, 2024	Designated Doctor No Show 99456-52	\$100.00	\$100.00

Requestor's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED. THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$100.00

Respondent's Position

"The original bill for dos 10/2/24 was received on 10/9/24 ... and denied as unrelated per the diagnosis submitted by provider ..."

Response Submitted by: The Hartford

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.
3. [TLC §408.0041](#) sets out the requirements for designated doctor examinations.

Denial Reasons

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

- P2 – Not a work related injury/illness and thus not the liability of the workers' compensation carrier.
- 133 – The disposition of this claim/service is pending further review.
- 269 – This billing is for a service unrelated to the work illness or injury.
- PPRJ – Paid without prejudice

Issues

1. Is Juan Quiroz, M.D. entitled to reimbursement for the examination in question?

Findings

1. Dr. Quiroz is seeking reimbursement for charges related to a designated doctor examination missed by the injured employee. The insurance carrier denied payment stating, "Not a work related injury/illness and thus not the liability of the workers' compensation carrier" and "This billing is for a service unrelated to the work illness or 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. Quiroz is entitled to reimbursement.

TLC §408.0041(h) states, in relevant part, "The insurance carrier shall pay for:

- (1) an examination required under Subsection (a), (f), or (f-2), unless otherwise prohibited by this subtitle or by an order or rule of the commissioner"

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 Hartford Insurance Co. of Illinois must remit to Juan Quiroz, 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

June 18, 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.