



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Jeffery Parkin, D.C.

**Respondent Name**

Sunz Insurance Co.

**MFDR Tracking Number**

M4-25-2639-01

**Carrier's Austin Representative**

Box Number 31

**DWC Date Received**

June 23, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 1, 2025	Designated Doctor No-Show Exam 99456-52	\$100.00	\$100.00

### Requester's Position

"NO SHOW REPORT ATTACHED TO BILL AND BILL DENIED"

**Amount in Dispute:** \$100.00

### Respondent's Position

The Austin carrier representative for Sunz Insurance Co. is Silvera Deary Ray PC. The representative was notified of this medical fee dispute on June 25, 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 \(TAC\) §133.210](#) sets out the procedures for submitting medical documentation.
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 denied the payment for the disputed services with the following claim adjustment codes:

- 947 – The billed service is not substantiated by the medical notes/report.
- AIQ100 – Reviewed by a Certified Professional Coder (CPC). Denials/reductions are based on the application of code auditing rules defined in the AMA CPT manual & coding guidelines developed by national societies and prevailing industry coding practices.
- Note: "Time requirement has not been met."
- ANSIP12 – Workers compensation jurisdictional fee schedule adjustment.
- CIQ378 – This appeal is denied as we find the original review reflected the appropriate allowance for the service rendered. We find that no additional recommendation is warranted at this time.
- N-1 – Per the TX fee schedule, documentation of time spent waiting on the patient past the appointment time must be submitted in order to be reimbursed. Time requirement has not been met. Previous gross recommended payment amount on line: \$0.

### Issues

1. Is Jeffery Parkin, D.C. entitled to reimbursement for the fee in dispute?

### Findings

1. Dr. Parkin is seeking reimbursement for a missed designated doctor examination scheduled for March 1, 2025. The insurance carrier denied payment due to insufficient documentation.

28 TAC §134.240(b) states, "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."

28 TAC §133.210(e) states, "It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other."

In its review of the evidence submitted, DWC finds that the requester supported his claim that he sent documentation meeting the requirements of 28 TAC §134.240(b) to the insurance carrier or its agent. DWC finds that Dr. Parkin is entitled to reimbursement in accordance with 28 TAC §134.240(b)(3), which states, "Reimbursement for a missed appointment is \$100 adjusted per §134.210(b)(4)."

DWC finds that the adjusted allowable reimbursement for the date of service in question is \$104.00. Dr. Parkin is seeking \$100.00. This amount is recommended.

### 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 Sunz Insurance Co. must remit to Jeffery Parkin, D.C. \$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

\_\_\_\_\_  
August 29, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).