



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Kristie Gaddis, D.C.

Respondent Name

Ace American Insurance Co.

MFDR Tracking Number

M4-25-2657-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

June 24, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 8, 2025	Designated Doctor No-Show 99456-W5-52	\$100.00	\$100.00

Requester's Position

"The carrier has violated the fee Guidelines and refused to pay a missed appt. fee."

Amount in Dispute: \$100.00

Respondent's Position

"This medical dispute concerns services provided by Methodist Health Systems associated with dates of service 5/8/2024 to 5/5/2024[sic]. The request for medical dispute resolution is not timely."

Response Submitted by: ESIS

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 §134.210](#) sets out the fee guidelines for workers' compensation specific services.
3. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.
4. [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:

- 133 – The disposition of this service is pending further review
- A1 – Claim/service denied.
- US03 – Disputed Claim
- 148 – This procedure on this date was previously reviewed
- 18 – Duplicate claim/service.

Issues

1. What is the service considered in this dispute?
2. Is the insurance carrier's denial based on compensability supported?
3. Is Kristie Gaddis, D.C. entitled to reimbursement for the fee in question?

Findings

1. Dr. Gaddis is seeking reimbursement involving a designated doctor examination that the injured employee failed to attend on May 8, 2025. On the initial DWC060 form, *Medical Fee Dispute Resolution Request*, the requester made a typographical error, listing the date of service as May 8, 2024. In its position statement, the insurance carrier claimed that "the request for medical dispute resolution is not timely."

On July 9, 2025, the requester submitted a corrected form listing the date of service as May 8, 2025. This is the service considered in this dispute.

2. The insurance carrier denied payment for the fee in question based on compensability.

TLC §408.0041(h) requires the insurance carrier to reimburse designated doctor examinations unless otherwise prohibited by statute, order, or rule. The insurance carrier submitted no evidence to support that reimbursement for the examination in question was prohibited.

DWC finds that the insurance carrier's denial reason is not supported.

3. Because the insurance carrier failed to support its denial of payment for the charge in question, DWC finds that Dr. Gaddis is entitled to reimbursement.

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 ... (3) Reimbursement for a missed appointment is \$100 adjusted per §134.210(b)(4)."

28 TAC §134.210(b)(4) states, "Fees established in §§134.235, 134.240, 134.250, and 134.260 of this title will be:

(A) ...

(B) adjusted annually by applying the MEI percentage adjustment factor identified in §134.203(c)(2).

(C) rounded to whole dollars by dropping amounts under 50 cents and increasing amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.

(D) effective on January 1 of each new calendar year."

The adjusted reimbursement rate for a missed designated doctor examination for date of service May 8, 2025, is \$104.00. Dr. Gaddis 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 Ace American Insurance Co. must remit to Kristie Gaddis, 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 28, 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.