



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Brooke Thibodeaux, DC

**Respondent Name**

Harris County

**MFDR Tracking Number**

M4-25-2698-01

**Carrier's Austin Representative**

Box Number 21

**DWC Date Received**

June 23, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 9, 2024	Designated Doctor No-Show 99456-52	\$100.00	\$100.00

### Requester's Position

"The injured worker was scheduled for a Designated Doctor examination as per the DWC032 dated 07/10/2024. The appointment was scheduled for 08/09/2024, however, the injured employee did not attend the examination as scheduled. The complete/clean bill was submitted to the carrier for reimbursement on 08/09/2024. According to the Review Analysis received on 10/23/2024, the claim was being rejected for 'Missing Diagnosis Code'. On 10/23/2024, 03/04/2025, 05/19/2025, and 06/10/2025, MET submitted an amended invoice with proof of timely submission. Despite countless attempts to retrieve the final decision/denial, we have yet to be provided one."

**Amount in Dispute:** \$100.00

## Respondent's Position

"Following a thorough review of the claim history and the accompanying documentation, we have determined that the providers failed to submit a completed bill. The CMS1500 submitted for processing is missing the required ICD-10 and NPI number. (Box 32) (Box33) and submitted NPI box 24J not a match to billed provider. Beginning on May 23, 2008, all health care providers eligible for an NPI must include their NPI number on workers' compensation medical bills submitted on paper or electronically. Rule 133.2 (2) defines 'Complete medical bill' as a medical bill that contains all required fields as set forth in the billing instructions for the appropriate form specified in Rule 133.10. This requirement applies to all medical bills submitted on or after May 23, 2008, regardless of the date of service. Please see attached rejection letters sent to the provider and notification of phone call requesting required information for processing."

**Response Submitted by:** Injury Management Organization, Inc.

## 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 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. [28 Texas Administrative Code \(TAC\) §133.240](#) sets out the procedures for payment or denial of a medical bill.
4. [28 TAC §133.200](#) set out rules for insurance carrier receipt of medical bills from Health Care Providers.
5. [28 TAC §133.2](#) sets out general rules for medical billing and processing.
6. [28 TAC §133.10](#) sets out rules for Required Billing Forms/Formats.

### Denial Reasons

Neither party submitted an explanation of benefits with reasons for the reduction or denial of payment for the disputed services.

## Issues

1. Did Harris County take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Courtney Brooke Thibodeaux entitled to reimbursement for the service in question?

## Findings

1. Dr. Courtney Brooke Thibodeaux is seeking reimbursement for a missed designated doctor examination scheduled for the date of service August 9, 2024.

According to the submitted documentation, the insurance carrier returned the medical bills in question due to an invalid or missing National Provider Identifier (NPI) number.

Under 28 TAC §133.2(4), a "complete medical bill" is defined as a bill containing all required fields as outlined in the billing instructions for the appropriate form specified in §133.10 of this chapter, or as specified for electronic medical bills in §133.500.

Per 28 TAC §133.200(a)(1), insurance carriers are prohibited from returning medical bills that are complete, except in cases where the bill is a duplicate.

Furthermore, 28 TAC §133.10(f)(1)(V) states, "(V) rendering provider's NPI number (CMS-1500/field 24j, unshaded portion) is required when the rendering provider is not the billing provider listed in CMS-1500/field 33 and the rendering provider is eligible for an NPI number".

The submitted evidence demonstrates that a number was provided in the required field for the date of service in question.

Based on this, the Division of Workers' Compensation (DWC) finds that the medical bills submitted to the insurance carrier were complete. Therefore, the return of these bills by the insurance carrier on the grounds stated was not consistent with 28 TAC §133.200(a)(1).

Additionally, 28 TAC §133.240(a) mandates that insurance carriers must take final action, whether by paying, reducing, or denying payment, on a complete medical bill no later than 45 days after receipt. This deadline is not extended by any request for additional information.

The preponderance of evidence indicates that the insurance carrier or its agent received a complete bill for the services in question. However, no evidence was provided to show that the insurance carrier took final action on the bill.

Because the insurance carrier failed to support its reasons for non-payment of the services in question, DWC finds that Dr. Thibodeaux is entitled to reimbursement.

2. 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 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.'
- (3) Reimbursement for a missed appointment is \$100 adjusted per §134.210(b)(4)."

No adjustment per §134.210(b)(4) applies to the service in question. Therefore, DWC finds that Dr. Thibodeaux is entitled to a reimbursement in the amount of \$100.00.

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 Harris County must remit payment to Courtney Brooke Thibodeaux D.C. \$100.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**

_____	_____	August 8, 2025
Signature	Medical Fee Dispute Resolution Officer	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).