



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Joshua Huffman, D.C.

**Respondent Name**

Luba Casualty Insurance Company

**MFDR Tracking Number**

M4-25-3229-01

**Carrier's Austin Representative**

Box Number 53

**DWC Date Received**

August 8, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 18, 2024	99205 (Billed CPT code 99546-52)	\$100.00	\$100.00

### Requester's Position

"... the above patient FAILED TO SHOW FOR THE DESIGNATED DOCTOR APPOINTMENT AND IS CONSIDERED A NO SHOW AT THIS TIME."

**Amount in Dispute:** \$100.00

### Respondent's Position

The Austin carrier representative for Luba Casualty Insurance Company, is Hoffman Kelley, LLP. The representative was notified of this medical fee dispute on August 12, 2025. In accordance with Rule §133.307(d)(1), if the Division does not receive a response within 14 calendar days of the dispute notification, the Division may issue a decision based on the information available.

As of today, no response has been received from the carrier or its representative. Therefore, this decision is based on the available information, as authorized under §133.307(d)(1).

## 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 \(TAC\) §133.305](#) MDR-General.
2. [28 TAC §133.307](#) Medical Fee Dispute Resolution.
3. [28 TAC §134.240](#) Designated Doctor Examinations.
4. [28 TAC §133.240](#) Medical Payments and Denials.
5. [28 TAC §127.5](#) Scheduling Designated Doctor Appointments.
6. [28 TAC §141.1](#) Requesting and Setting a Benefit Review Conference.

### Denial Reasons

Neither party submitted copies of the original or reconsideration Explanation of Benefits (EOBs) for consideration in this review.

### Issues

1. What CPT code is in dispute?
2. Did the insurance carrier take final action on the bill for the disputed service before medical fee dispute resolution (MFDR) was requested?
3. What rules apply to the service in dispute?
4. Is the requester entitled to reimbursement?

### Findings

1. A review of the submitted DWC-060 indicates that the requester identified CPT code 99205 as being in dispute. However, upon examining the medical bills, including both the initial and reconsideration submissions, it is noted that the requester billed the insurance carrier for CPT code 99456-52, related to a missed designated doctor appointment by the injured employee. Accordingly, the DWC will review and determine whether the requester is entitled to reimbursement for the service provided on October 18, 2024.
2. The requester, a designated doctor, is seeking reimbursement for a missed designated doctor examination due to the injured employee's failure to attend. The requester billed the insurance carrier using CPT code 99456-52 and indicated that no payment or explanation of benefits (EOB) was received for the submitted medical bills.

The insurance carrier is required to take final action, by paying, reducing, or denying the billed service, no later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of the evidence supports that a complete medical bill for the service in question was submitted to the insurance carrier or its agent. DWC found no evidence indicating that the insurance carrier took final action on the bill.

3. Because the insurance carrier failed to provide any valid defense or documentation justifying non-payment, the DWC determines that the requester is entitled to reimbursement.

Per 28 TAC §134.240(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).”

- The designated doctor may bill for the missed appointment fee when:
    - (A) the injured employee fails to attend a scheduled appointment; and
    - (B) the designated doctor waits at the examination location for at least 30 minutes after the scheduled appointment time.
  - When billing for a missed appointment, the designated doctor must use CPT code 99456 with modifier “52.”
  - Reimbursement for a missed appointment is \$100.
4. DWC finds that no adjustments apply to this date of service. Therefore, the requester is entitled to reimbursement in accordance with 28 TAC §134.240. The DWC concludes that reimbursement in the amount of \$100.00 is due for the service in dispute.

Conclusion

The resolution of this medical fee dispute is based on the evidence presented by both the requester and the respondent during the adjudication process. While not all submitted evidence may be discussed in this decision, all relevant information was considered in reaching the determination.

The DWC finds that the requester has established entitlement to reimbursement in the amount of \$100.00 for the service in dispute.

**Order**

Pursuant to Texas Labor Code §§413.031 and 413.019, the Division of Workers’ Compensation (DWC) has determined that the requester is entitled to reimbursement for the disputed services. Accordingly, the respondent is hereby ordered to remit \$100.00, plus any applicable accrued interest, to the requester within 30 days of receipt of this order, in accordance with 28 TAC §134.130.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

October 31, 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 512-804-4812.