



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

James Butler, M.D.

**Respondent Name**

Wellfleet New York Insurance Company

**MFDR Tracking Number**

M4-26-0108-01

**Carrier's Austin Representative**

Box Number 12

**DWC Date Received**

September 11, 2025

### Summary of Findings

| Dates of Service | Disputed Services                     | Amount in Dispute | Amount Due |
|------------------|---------------------------------------|-------------------|------------|
| March 18, 2025   | Designated Doctor No-Show<br>99456-52 | \$100.00          | \$100.00   |

### Requester's Position

"Carrier has not responded to bill or reconsideration."

**Amount in Dispute:** \$100.00

### Respondent's Position

"After considering the request, Respondent has reprocessed the bill and payment of \$100.00 issued to the Requestor, James Butler, M.D."

**Response Submitted by:** Shanley Price, LLP

## 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 \(TAC\) §133.240](#) sets out the procedures for payment or denial of a medical bill.
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
4. [§134.210](#) Medical Fee Guideline for Workers' Compensation Specific Services
5. [28 TAC §127.5](#) sets out procedures and requirements for scheduling designated doctor appointments

### 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 Wellfleet New York Insurance Company take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is James Butler M.D. entitled to reimbursement for the service in question?

### Findings

1. Dr. Butler is seeking reimbursement for a missed designated doctor examination scheduled for the date of service, March 18, 2025. Dr. Butler noted that he did not receive payment or an explanation of denial for medical bills submitted for the examination in question.

Per 28 TAC §133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. Because the insurance carrier failed to provide sufficient evidence of payment for the service in question, DWC finds that Dr. Butler 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 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)."

The adjusted reimbursement rate for a missed designated doctor examination for date of service March 18, 2025, is \$104.00. Dr. Butler 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 Wellfleet New York Insurance Company must remit payment to James Butler, M.D., \$100.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**

|           |  |                   |
|-----------|--|-------------------|
|           |  | December 15, 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).