



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Linda Gregory, D.O.

Respondent Name

Travelers Property Casualty Co

MFDR Tracking Number

M4-26-0196-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

September 19, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 14, 2024	Designated Doctor No-Show 99456-52	\$100.00	\$100.00

Requester's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED. THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$100.00

Respondent's Position

"The Provider submitted billing, which the Carrier reviewed and returned as incomplete because there were no required ICD-10 codes entered in Box 21 of the CMS-1500. The Provider submitted a request for reconsideration which was returned for the same reason ... Per Rule 133.10(f)(1)(M), a complete medical bill must contain at least one ICD diagnosis code."

Response Submitted by: Travelers

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 [§133.240](#) sets out the procedures for payment, reduction, or denial of medical bills.
3. 28 TAC [§134.240](#) sets out the fee guidelines for designated doctor examinations.

Denial Reasons

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. Did the insurance carrier take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is the requester entitled to reimbursement for the service in question?

Findings

1. The requester is seeking reimbursement for a designated doctor examination that the injured employee failed to attend.

The requester argued that it did not receive payment or an explanation of benefits for medical bills submitted for the examination in question. Travelers argued that "The Provider submitted billing, which the Carrier reviewed and returned as incomplete because there were no required ICD-10 codes entered in Box 21 of the CMS-1500. The Provider submitted a request for reconsideration which was returned for the same reason.

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 indicates that a complete bill for the services in question was submitted to the insurance carrier or its agent on May 7, 2025. DWC found no evidence that the insurance carrier took final action on the bill for the service in question.

2. Because the insurance carrier failed to support its non-payment for the service in question, DWC finds 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).

- (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)."

DWC finds that no adjustments apply to this date of service, therefore, the total allowable reimbursement is \$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 Travelers Property Casualty Co must remit to Linda Gregory, D.O. \$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

December 19, 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.