

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Kelley Samuel, DC

Respondent Name

Tri-State Ins Co of Minnesota

MFDR Tracking Number

M4-26-0317-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

September 30, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
November 14, 2024	99456 Designated Doctor Missed Appointment	\$100.00	\$0.00
Total		\$100.00	\$0.00

Requester's Position

"Our office has not received FULL PAYMENT regarding this claim. Thus, the bill, W9 (past and current), reports, reschedule AND no show letter, proof of original submission, EOB's and Commissioner's Order are being sent for reconsideration. See the attached rules. Please remit the FULL amount of \$100.00. MFDR process will be utilized with further non-payment/denial."

Amount In Dispute: \$100.00

Respondent's Position

The Austin carrier representative for Tri-State Ins Co of Minnesota is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on October 2, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [133.240](#) sets out the procedures for payment, reduction, or denial of a medical bill.
3. 28 TAC Section [134.240](#) sets out the fee guidelines for designated doctor examinations.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

- 402 – The appropriate modifier was not utilized.
- ANSI4-4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 148 - This procedure on this date was previously reviewed.
- ANSI18-18 – Exact duplicate claim/service
- ANSI193-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- ANISIP12 – P12 – Workers' compensation jurisdictional fee schedule adjustment.
- CIQ378 – This appeal is denied as we find the original review reflected the appropriate allowance for the service rendered. We find that no additional recommendation is warranted at this time.
- W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title.
- Previous gross recommended amount on line: \$0; Previous recommended payment amount on line: \$0; - When billing for the missed appointment, the designated doctor must bill code 99456 and modifier 52.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the requester entitled to reimbursement for the service in question?

Findings

1. Dr. Samuel is seeking reimbursement for a missed designated doctor examination scheduled for the date of service November 14, 2024. The insurance carrier did not respond to the medical fee dispute however the explanation of benefits provided by the requester shows that the insurance carrier denied payment due to missing modifier.
2. A review of the documentation provided by the requester shows that the provider billed for a missed appointment using code 99456 and "No Show" documented on the bill.

28 TAC Section 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."

The DWC finds that the provider failed to append the required modifier "52" when billing for a missed appointment. The requester is therefore not entitled to reimbursement for CPT Code 99456.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 14, 2026

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 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 this Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.