



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Troy Robinson, D.C.

Respondent Name

Starr Indemnity & Liability Co

MFDR Tracking Number

M4-26-1504-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

January 28, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 15, 2025	99456-52 Designated Doctor Missed Appointment	\$100.00	\$100.00
Total		\$100.00	\$100.00

Requester's Position

"Specific reasoning/response: No response to bill or reconsideration."

Amount In Dispute: \$100.00

Respondent's Position

The Austin carrier representative for Starr Indemnity & Liability Co is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on January 29, 2026.

Per 28 Texas Administrative Code Section 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 [133.20](#) sets out the requirements for medical bill submission.
3. TLC Section 408.0272
4. 28 TAC Section [134.240](#) sets out the fee guidelines for designated doctor examinations.
5. 28 TAC Section [133.230](#) set out the procedures for insurance carrier audits of a medical bill.
6. 28 TAC Section [133.240](#) sets out the requirements for submission of a medical bill.

Adjustment Reasons

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

1. 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial supported?
3. Is the requester entitled to reimbursement?

Findings

1. Dr. Robinson is seeking reimbursement for a missed designated doctor examination scheduled for the date of service April 15, 2025. The insurance carrier did not respond to the medical fee dispute resolution request. DWC may base its decision on the available information.
2. Dr. Robinson indicates that he did not receive payment or an explanation of denial for medical bills submitted for the examination in question.

It is the duty of the workers' compensation insurance carrier or an agent acting on the insurance carrier's behalf to pay, reduce, or deny a complete medical bill within 45 days from receiving the bill. The procedures for medical bill processing by insurance carriers is set out in 28 TAC Section 133.240, which states in pertinent part,

“(a) An insurance carrier shall take final action after conducting bill review on a complete medical bill or determine to audit the medical bill in accordance with §133.230 of this

chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended because of a pending request for additional documentation... (e)... The explanation of benefits shall be sent to: (1) the health care provider when the insurance carrier makes payment or denies payment on a medical bill."

Furthermore, 28 TAC Section 133.230 which sets out auditing requirements for insurance carriers states,

"(a) An insurance carrier may perform an audit of a medical bill that has been submitted by a health care provider to the insurance carrier for reimbursement. The insurance carrier may not audit a medical bill upon which it has taken final action. (b) If an insurance carrier decides to conduct an audit of a medical bill, the insurance carrier shall: (1) provide notice to the health care provider no later than the 45th day after the date the insurance carrier received the complete medical bill."

A review of the submitted documents finds no evidence that the insurance carrier has either taken final action on the disputed medical bill in accordance with 28 TAC Section 133.240, nor is there evidence that the insurance carrier has notified the health care provider of its intent to conduct an audit in accordance with 28 TAC Section 133.230.

DWC finds that the insurance carrier has not taken final action on the disputed medical bill in accordance with 28 TAC Section 133.240. Therefore, this MFDR request will be adjudicated in accordance with 28 TAC Section 134.240, which sets out the fee guidelines for missed appointments.

3. The requester is seeking reimbursement in the amount of \$100.00, for a missed designated doctor examination.

With a few exceptions, 28 TAC Section 133.20 (b) requires submission of medical bills not later than 95 days from the date of service. TLC Section 408.0272 (b) provided the exceptions to this requirement, which include:

- The health care provider filed the bill to
 - an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured
 - a health maintenance organization that issues evidence of coverage under which the injured employee is a covered enrollee; or
 - a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

TLC Section 408.0272 (d) also states that the period for submitting a claim for payment may be extended by the agreement of the parties.

A review of the documentation finds a copy of email that was submitted to the insurance carrier third part administrator on May 1, 2025 at 10:21 am. The DWC finds this is sufficient evidence that the requester submitted the medical bill to the insurance carrier within 95 days from the date of service.

DWC finds that the requester is entitled to reimbursement for the missed appointment charges.

4. On the disputed date of service, the requester billed CPT code 99456-52 in the amount of \$100.00 for a missed appointment.

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.'

(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 April 15, 2025, is \$104.00. Dr. Robinson is seeking \$100.00. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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 established that reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Starr Indemnity & Liability Co

must remit to Troy Robinson, D.C. \$100.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

_____	_____	April 29, 2026
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 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.