TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Randall J. Halbert, D.C.

Respondent Name

Service American Indemnity Co

MFDR Tracking Number

M4-26-1694-01

Insurance Carrier's Austin Representative

BOX 60 Downs Stanford PC

DWC Date Received

February 13, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 7, 2025	99456-52 Designated Doctor Missed Appointment	$100.00	$100.00
	Total	$100.00	$100.00

Requester's Position

"Based on the examination type requested and performed, following is the reason the claim should be paid in full as originally billed. The injured worker was scheduled for a Designated Doctor examination as per the DWC032 dated 03/05/2025. The appointment was scheduled for 04/07/2025, however, the injured employee did not attend the examination as scheduled. The complete/clean bill was submitted to the carrier for reimbursement on 04/08/2025. According to the EOB received on 08/19/2025, the claim was being denied for '116 -CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION. IV-THE DIAGNOSIS CODE IS INVALID , ILLEGIBLE , OR MISSING. BILL IS DENIED.' On 08/19/2025, MET submitted a request for reconsideration with proof of timely submission and the reason(s) why MET stands by the claim as being complete and accurate. Apparently, the payor does not agree and has since issued a final decision to deny the request for payment."

Amount In Dispute: $100.00

Respondent's Position

The Austin carrier representative for Service American Indemnity Co is Downs Stanford PC. The representative was notified of this medical fee dispute on February 18, 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 provides for certain exceptions to the untimely submission of a medical bill.
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. 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
2. IV – The diagnosis code is invalid, illegible, or missing. Bill is denied.
3. 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

4. 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.

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. Halbert is seeking reimbursement for a missed designated doctor examination scheduled for April 7, 2025. The insurance carrier did not respond to the medical fee dispute resolution request. DWC may base its decision on the available information.

2. The requester is seeking reimbursement in the amount of $100.00, for a missed designated doctor examination. The insurance carrier denied payment stating, "The diagnosis code is invalid, illegible, or missing. Bill is denied."

   28 TAC Section 133.10(f)(1)(M) states that a "diagnosis or nature of injury (CMS-1500/field 21) is required; at least one diagnosis code and the applicable ICD indicator must be present" on the medical bill.

   The greater weight of evidence supports the requester submitted a medical bill with a diagnosis code in the appropriate field. Therefore, the insurance carrier's denial of payment for this reason is not supported and Dr. Halbert is entitled to reimbursement.

3. 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)."

DWC concludes that the adjusted reimbursement rate for a missed designated doctor examination for date of service April 7, 2025, is $104.00. Dr. Halbert 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 Service American Indemnity Co must remit to Randall J. Halbert, 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

Signature	Medical Fee Dispute Resolution Officer	May 12, 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 electronico CompConnection@tdi.texas.gov.