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

General Information

Requester Name

Lawrence W. Parks, D.C.

Respondent Name

City of Austin

MFDR Tracking Number

M4-26-1928-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

March 10, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 10, 2025	99456-52	$104.00	$104.00
	Total	$104.00	$104.00

Requester's Position

"...this was a designated doctor's evaluation assigned by the Texas Department of Insurance Division of Workers' Compensation, for MMI/IR examination. On September 10, 2025, Dr. Lawrence Parks, D.C., was set to perform examination... the claimant did not show to the appointment therefore, the doctor was not able to perform an evaluation of Maximum Medical Improvement and Impairment Rating. The insurance carrier has failed to submit payment for the Medical Fee Guidelines allowable for a State issued Designated Doctors Evaluation when a claimant misses an appointment. The bill waws originally sent to Sedgwick on 09/17/25. On 10/16/25 we received a letter from Sedgwick stating that they are not the TPA handling the claim that it was now Athens. On 10/17 /25 I called Athens to verify this and to get the billing address. That same day I mailed out the bill to Athens at P.O. Box 696 Concord, CA 94522... On 12/10/25 IMO reached out and said that there is no bill on file and to send the bill to the address I mentioned above. On 12/17 /25 I mailed the bill to the same address they verified and the fax number that was given to me by IMO. n 01/07/26 I sent another bill status request. On 01/15/26 IMO reached out and said that there was no bill on file... I have left 2

voicemails with [adjuster's name] and also sent her an email to see if she could help me with this. I still have not heard back… I sent a recon on 01/27/26 by mail and faxed it to 2 different numbers that were both verified by IMO… I have mailed and faxed out the bill multiple times to the verified billing address and fax number and for some reason they don't have it on file still. The claim was billed in accordance to rule 134.240 Medical Fee Guidelines (C)(iii)(D)(II)(III) for the State of Texas."

Amount In Dispute: $104.00

Respondent's Position

The Austin carrier representative for City of Austin is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 11, 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 134.240 sets out the fee guidelines for designated doctor examinations.
3. 28 TAC Section 134.210 sets out the fee guidelines for workers' compensation specific services.

Adjustment Reasons

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

Issues

1. What is DWC considering in this medical fee dispute?

2. What rules apply to the services in dispute?

3. Is the requester entitled to reimbursement?

Findings

1. This medical fee dispute resolution (MFDR) review involves unpaid charges billed under CPT code 99456-52 by a designated doctor for an injured employee's missed appointment.

   The requester, a designated doctor, is seeking reimbursement in the amount of $104.00 for CPT code 99456-52. DWC will review the submitted documentation to determine if the requester is entitled to reimbursement in accordance with applicable DWC Statutes and Rules.

2. Because this MFDR review involves missed appointment charges by a designated doctor, DWC finds that 28 TAC Section 134.240 applies, stating in pertinent part, "(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 Section 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 Section 134.210(b)(4)."

   28 TAC Section 134.210(b)(4) states, "(4) Fees established in §§134.235, 134.240, 134.250, and 134.260 of this title will be:

   > (A) adjusted once by applying the Medicare Economic Index (MEI) percentage adjustment factor for the period 2009 - 2024.
   >
   > (B) adjusted annually by applying the MEI percentage adjustment factor identified in §134.203(c)(2).
   >
   > (C) rounded to whole dollars by dropping amounts under 50 cents and increasing amounts from 50 to 99 cents to the next dollar. For example, $1.39 becomes $1 and $2.50 becomes $3.
   >
   > (D) effective on January 1 of each new calendar year."

3. The requester, a designated doctor, is seeking reimbursement in the amount of $104.00 for CPT code 99456-52 billed for a missed appointment on September 10, 2025. According to information known to DWC and submitted documentation, the appointment was ordered by the Commissioner and properly scheduled in accordance with DWC Statutes and Rules.

   A review of the submitted medical bill finds that the requester billed the insurance carrier for the missed appointment in accordance with 28 TAC Section 134.240. The medical bill was sent to the insurance carrier medical billing contact listed on the Commissioner's order.

   The requester's submitted information includes documentation that the designated doctor waited at the location of the scheduled appointment for more than thirty minutes past the scheduled appointment time as is required in accordance with 28 TAC Section 134.240.

   Due to reasons discussed in this third finding, DWC finds that the requester, a designated doctor, is entitled to reimbursement in the amount of $104.00 for CPT code 99456-52 billed for a missed appointment on September 10, 2025.

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 City of Austin must remit to Lawrence W. Parks, D.C. $104.00 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	June 3, 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.