

Texas Workers' Compensation 2026 Professional and Workers' Compensation Specific Exams Reimbursement Rates

Division of Workers' Compensation 2026

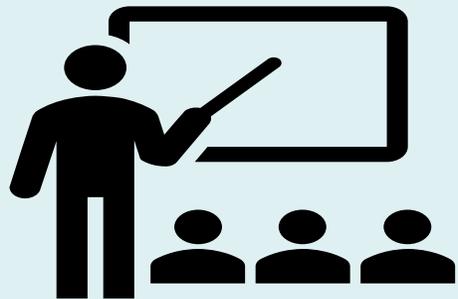
Disclaimer

This presentation is updated as of **January 15, 2026**, and is for educational purposes only and provides general information. It is not a substitute for a full review of statutes and rules.

System participants are responsible for knowing and complying with the applicable sections of the [Texas Insurance Code](#) (Insurance Code), [Texas Labor Code](#) (Labor Code), and [Texas Administrative Code](#) (TAC).

Any opinions expressed by the speakers are personal and do not constitute or reflect any statement of policy by the Texas Department of Insurance, Division of Workers' Compensation (DWC).





Overview

Basic principles of the Medical Fee Guideline for Professional Services.

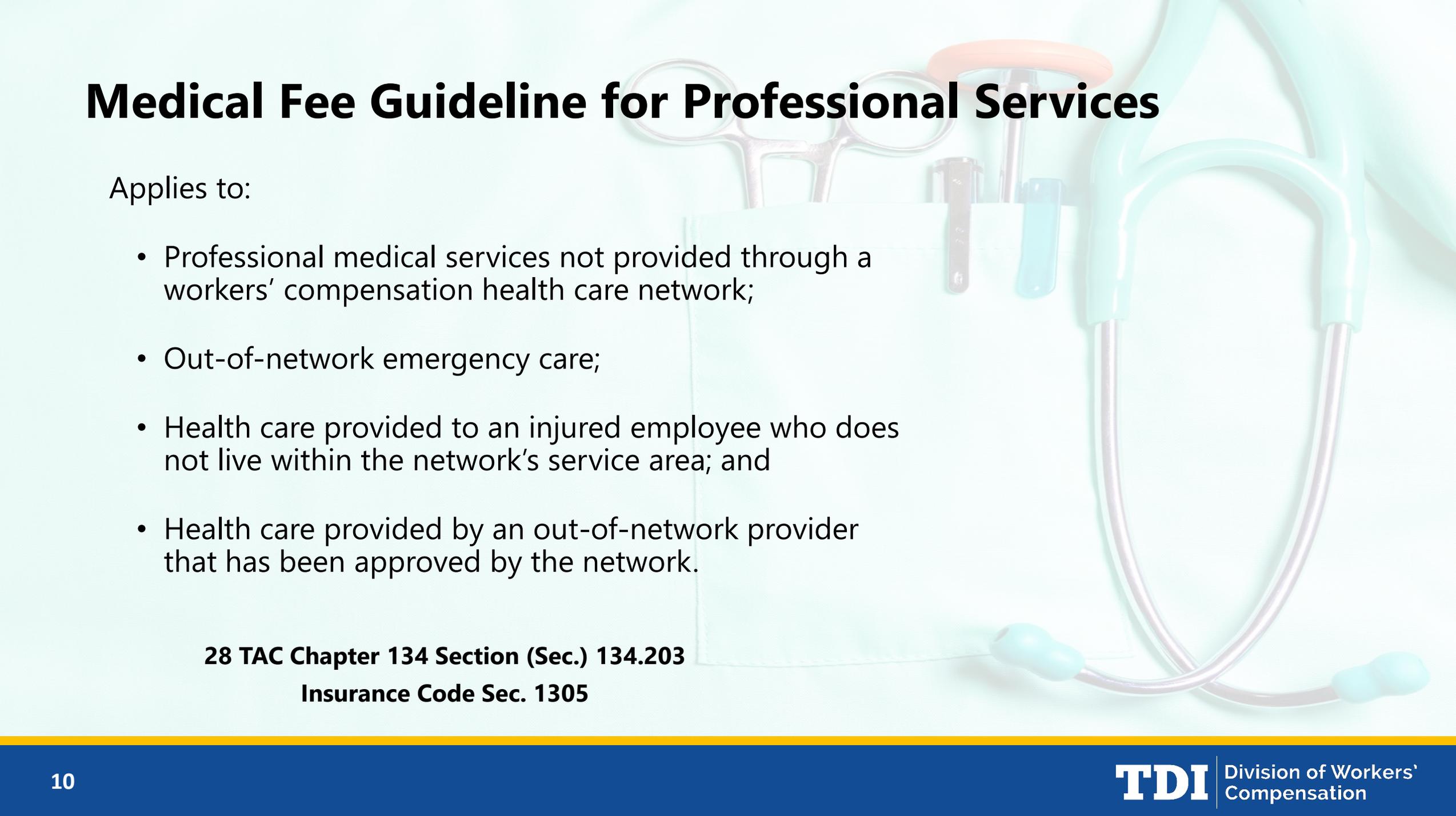
Service categories, payment policies and reimbursement methodology.

Conversion factors (CFs) and workers' compensation specific exam fees.

Example calculations for professional fees.

Example calculations for workers' compensation specific exams.

Medical Fee Guideline for Professional Services



Applies to:

- Professional medical services not provided through a workers' compensation health care network;
- Out-of-network emergency care;
- Health care provided to an injured employee who does not live within the network's service area; and
- Health care provided by an out-of-network provider that has been approved by the network.

28 TAC Chapter 134 Section (Sec.) 134.203
Insurance Code Sec. 1305

Service Categories

- Evaluation and management
- General medicine
- Physical medicine and rehabilitation
- Radiology
- Pathology
- Anesthesia
- Surgery
 - performed in an office setting
 - performed in a facility setting

28 TAC Sec. 134.203 Medical Fee Guideline for Professional Services

Apply Medicare Payment Policies and Reimbursement Methodologies

Including:

- Coding, billing, correct coding initiatives edits, modifiers;
- Bonus payments for health professional shortage areas and physician scarcity areas;
- Other payment policies in effect on the date a service is provided; and
- With any additions or exceptions in the rules.

28 TAC Sec. 134.203 Medical Fee Guideline for Professional Services

Centers For Medicare and Medicaid Services

Regulations and Guidance

<https://www.cms.gov/>

Medicare Payment Policies and Physician Fee Schedule

Searchable Medicare Physician Fee Schedule

<https://www.cms.gov/medicare/physician-fee-schedule/search>

Novitas Solutions, Inc.

Medicare Administrative Contractor for Texas
(Jurisdiction H)

<https://www.novitas-solutions.com/webcenter/portal/MedicareJH>

Medicare Physician Fee Schedule Conversion Factors

Calendar Year 2026 Medicare Physician Fee Schedule (PFS) Conversion Factors

- The 2026 Medicare PFS was finalized on October 31, 2025, [Calendar Year \(CY\) 2026 Medicare Physician Fee Schedule Final Rule \(CMS-1832-F\) | CMS](#).
- Instead of one, there are two Medicare conversion factors for 2026 (not including the Medicare anesthesia conversion factors).
 - One for qualifying alternative payment model (APM) participants (QP).
 - One for nonqualifying APM QPs.

Medicare Physician Fee Schedule Conversion Factors

Calendar Year 2026 Medicare PFS CFs*:

\$33.40 nonqualifying APM QPs

\$33.57 qualifying APM QPs

*Medicare's conversion factors are subject to federal legislative activity and can change during the year.

Medicare's Reimbursement Methodology

$$\begin{aligned} & (\text{Work Expense RVU} \times \text{Work GPCI}) + \\ & (\text{Practice Expense RVU} \times \text{PE GPCI}) + \\ & \underline{(\text{Malpractice Expense RVU} \times \text{MP GPCI})} = \\ & \quad \text{Total RVU} \\ & \times \underline{\text{Applicable Medicare Conversion Factor (CF)}}: \\ & \quad \text{Medicare Reimbursement Amount} \end{aligned}$$



28 TAC Sec. 134.203 Medical Fee Guideline for Professional Services

2026 DWC Conversion Factors



**2026 DWC CFs
have increased 2.7%.**

- DWC CF updates are based on the annual changes to the Medicare Economic Index (MEI).
- MEI is weighted average of price changes for goods and services used to deliver physician services.
- 2026 MEI is a 2.7% increase.
- DWC publishes new DWC CFs soon after the Medicare PFS is published. Annual increases in the DWC CFs have averaged 2.85% since 2020, and they have increased every year since 2008 (36% cumulatively).
- [Medical fee guideline conversion factors \(texas.gov\)](https://www.texas.gov/medical-fee-guideline-conversion-factors).

28 TAC Sec. 134.203 Medical Fee Guideline for Professional Services

2026 DWC Conversion Factors

Effective for dates of service beginning on **January 1, 2026:**



\$72.07 applies to:

- Evaluation and management.
- General medicine.
- Physical medicine and rehabilitation.
- Radiology.
- Pathology.
- Anesthesiology.
- Surgery performed in office.

\$90.48 applies to:

- Surgery performed in a facility.

28 TAC Sec. 134.203 Medical Fee Guideline for Professional Services

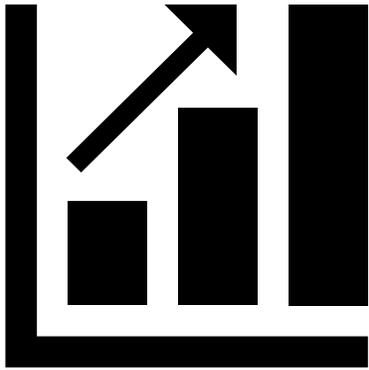
Table of DWC CFs

Conversion factors to be applied for services provided based on the following time frames

Applicable from	Applicable to	Anesthesia	Evaluation and management	General medicine	Pathology	Physical medicine and rehabilitation	Radiology	Surgery in an office setting	Surgery in a facility setting	MEI percentage adjustment
1/1/26	12/31/26	\$72.07	\$72.07	\$72.07	\$72.07	\$72.07	\$72.07	\$72.07	\$90.48	2.7%
1/1/25	12/31/25	\$70.18	\$70.18	\$70.18	\$70.18	\$70.18	\$70.18	\$70.18	\$88.10	3.5%
1/1/24	12/31/24	\$67.81	\$67.81	\$67.81	\$67.81	\$67.81	\$67.81	\$67.81	\$85.12	4.6%
1/1/23	12/31/23	\$64.83	\$64.83	\$64.83	\$64.83	\$64.83	\$64.83	\$64.83	\$81.38	3.8%
1/1/22	12/31/22	\$62.46	\$62.46	\$62.46	\$62.46	\$62.46	\$62.46	\$62.46	\$78.37	2.1%
1/1/21	12/31/21	\$61.17	\$61.17	\$61.17	\$61.17	\$61.17	\$61.17	\$61.17	\$76.76	1.4%
1/1/20	12/31/20	\$60.32	\$60.32	\$60.32	\$60.32	\$60.32	\$60.32	\$60.32	\$75.70	1.9%



DWC Workers' Compensation Specific Exam Fees



**2026 DWC exam fees
have increased 2.7%.**

- DWC workers' compensation specific exam fee updates are based on the MEI and reflect the annual changes of MEI. CY 2026 is 2.7%.
- DWC publishes new exam fees soon after the MEI is published (rounded to the nearest dollar).
- New exam fees are on the DWC conversion factor webpage.
- [Medical fee guideline conversion factors \(texas.gov\)](#).

28 TAC Secs. 134.210, 134.235, 134.240, 134.250 and 134.260

Table of DWC Workers' Compensation Specific Exam Fees

Exam fees

Note: This table does not represent all billing scenarios and is not a substitute for the applicable rules.



Dates of Service	3/1/2008 - 5/31/2024	6/1/2024 - 12/31/2024	1/1/2025 - 12/31/2025	1/2026 - 12/31/2026
Annual MEI percentage	does not apply	does not apply	3.5%	2.7%
MMI exam by RD, RME, or DD	\$350.00	\$449.00	\$465.00	\$478.00
IR exam first musculoskeletal (MSK) body area by TD, RD, RME or DD	\$300.00	\$385.00	\$398.00	\$409.00
IR exam for additional MSK body area by TD, RD, RME, or DD	\$150.00	\$192.00	\$199.00	\$204.00
IR exam for non-MSK body area by TD, RD, RME or DD	\$150.00	\$192.00	\$199.00	\$204.00
Multiple IR exams by DD only (on request by DWC)	\$50.00	\$64.00	\$66.00	\$68.00
Extent-of-injury exam by RME or DD	\$500.00	\$642.00	\$664.00	\$682.00
Disability exam by RME or DD	\$500.00	\$642.00	\$664.00	\$682.00
Return-to-work exam by RME or DD	\$500.00	\$642.00	\$664.00	\$682.00
Other-similar-issues exam by RME or DD	\$500.00	\$642.00	\$664.00	\$682.00
Appropriateness of medical care by RME only	\$500.00	\$642.00	\$664.00	\$682.00
Missed appointment with DD only	does not apply	\$100.00	\$104.00	\$107.00
Specialist fee by DD only	does not apply	\$300.00	\$311.00	\$319.00
Review of another doctor's MMI/IR by TD only	\$50.00	\$64.00	\$66.00	\$68.00

Update your systems to bill and pay 2026 MAR!

Calculation Examples Professional Services

Actual Reimbursement Methodology (Long Calculation)

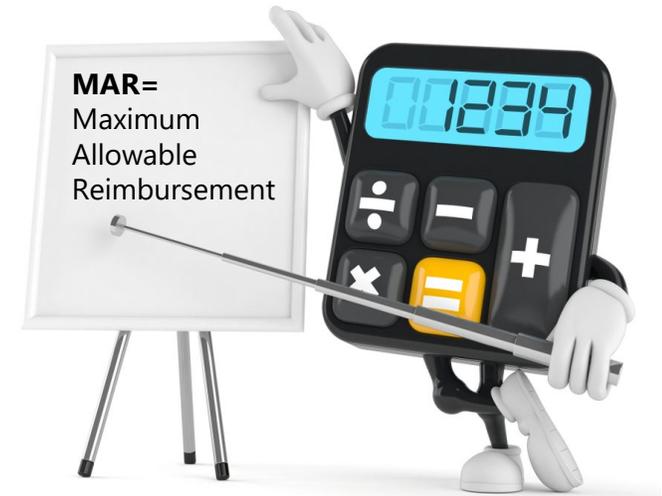
Replace the Medicare CF with a DWC CF

Medicare

$$\begin{aligned} & (\text{Work RVU} \times \text{GPCI}) + \\ & (\text{Practice RVU} \times \text{GPCI}) + \\ & \underline{(\text{Malpractice RVU} \times \text{GPCI})} = \\ & \quad \text{Total RVU} \\ & \times \underline{\text{Applicable Medicare CF}^*} = \\ & \text{Medicare Reimbursement} \end{aligned}$$

DWC

$$\begin{aligned} & (\text{Work RVU} \times \text{GPCI}) + \\ & (\text{Practice RVU} \times \text{GPCI}) + \\ & \underline{(\text{Malpractice RVU} \times \text{GPCI})} = \\ & \quad \text{Total RVU} \\ & \times \underline{\text{Applicable DWC CF}} = \\ & \text{DWC Reimbursement (MAR)} \end{aligned}$$



***Using the Medicare CF of \$33.40 nonqualifying APM QP
28 TAC Sec. 134.203 Medical Fee Guideline for Professional Services**

Quick Calculation Estimate



$$\begin{aligned} & (\text{DWC CF} \div \text{Medicare CF}^*) \\ & \times \underline{\text{Medicare Participating Amount}} \end{aligned}$$

Approximate** DWC Maximum Allowable
Reimbursement (MAR)

*Using the nonqualifying APM QP CF.

**Quick calculation may not be as accurate as the long calculation due to rounding.

28 TAC Sec. 134.203 Medical Fee Guideline for Professional Services

Quick Calculation

Professional services in office
DWC CF \$72.07 ÷ Medicare CF \$33.40* =
216%
x Medicare Participating Amount** =
Approximate DWC MAR



***Using the Medicare CF of \$33.40 nonqualifying APM QP**

****Medicare nonqualifying APM QP participating amount**

28 TAC Sec. 134.203 Medical Fee Guideline for Professional Services

Quick Calculation

Professional services for surgery in a facility.

$$\text{DWC CF } \$90.48 \div \text{Medicare CF } \$33.40^* = 271\%$$

$$\frac{\text{x Medicare Participating Amount}^{**}}{\text{Approximate DWC MAR}}$$

***Using the Medicare CF of \$33.40 nonqualifying APM QP**

****Medicare nonqualifying APM QP participating amount**

28 TAC Sec. 134.203 Medical Fee Guideline for Professional Services



Example #1

CPT code: 99213 Established Office Visit

Where: Austin, Texas

Date of Service: January 6, 2026

Non-Network



Step 1:

Find the DWC CF

\$72.07

CPT code: 99213 Established Office Visit

Where: Austin, Texas

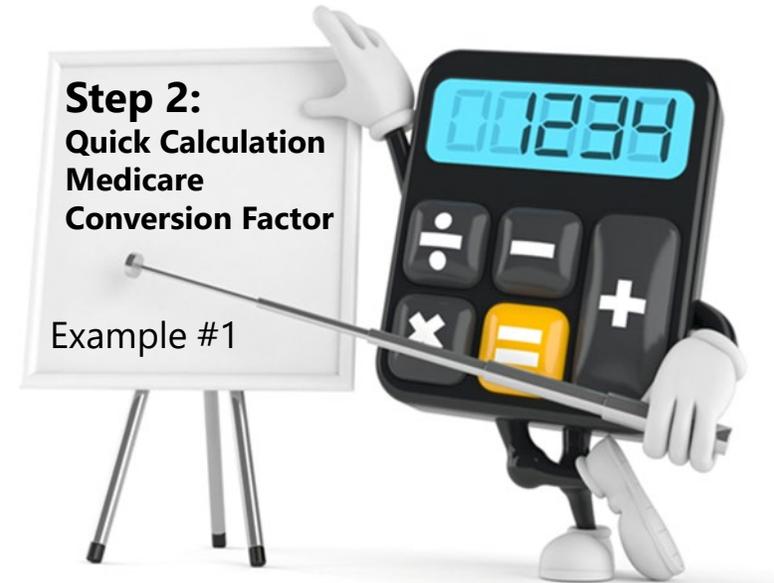
Date of Service: January 6, 2026

Non-Network

Step 2:

Find the Medicare CF

\$33.40 (non APM QP)





Physician's Fee Schedule Code Search & Downloads

Search using a single code

Procedure Code	99213	No Modifier
Date Of Service	1/6/2026	
State	Texas	
Locality	Austin (31)	

Search Clear

Download the complete Fee Schedule

Year	2026
State	Choose a state...
Locality	Choose a locality...
File type	PDF

Download

Results

Procedure Code	99213	State	Texas	Modifier	No Modifier
Effective Date	01-01-2026	Locality	Austin (31)	Description	Office o/p est low 20 min

Please click on the icon for a description of any field or indicator

Fee Schedule Amount

Participating Provider	97.77
Non-Participating Provider	92.88
Limiting Charge Amount	106.81

When performed in a facility setting

Participating Provider	57.83
Non-Participating Provider	54.94
Limiting Charge Amount	63.18

Status Indicators

Surgery & Procedures

Professional/Technical Component	0
Global Days	XXX
Pre-Operative %	0.0
Intra-Operative %	0.0
Post-Operative %	0.0
Multiple Procedures	0
Bilateral Surgery	0
Assistant at Surgery	0
Team Surgeons	0
Co Surgeons	0
Physician Supervision of Diagnostic Procedures	09
Multiple Therapy Amount	41.78
Conversion factor	33.4009
Update Factor	1.0000

General Info

Status	A
Facility Pricing Indicator	1
PDT Indicator	9
Imaging Cap Indicator	9

Relative Value Units

Work	1.3
Practice (Non Facility Settings)	1.46
Practice (Facility Settings)	0.33
Malpractice	0.09

Geographic Practice Cost Indices

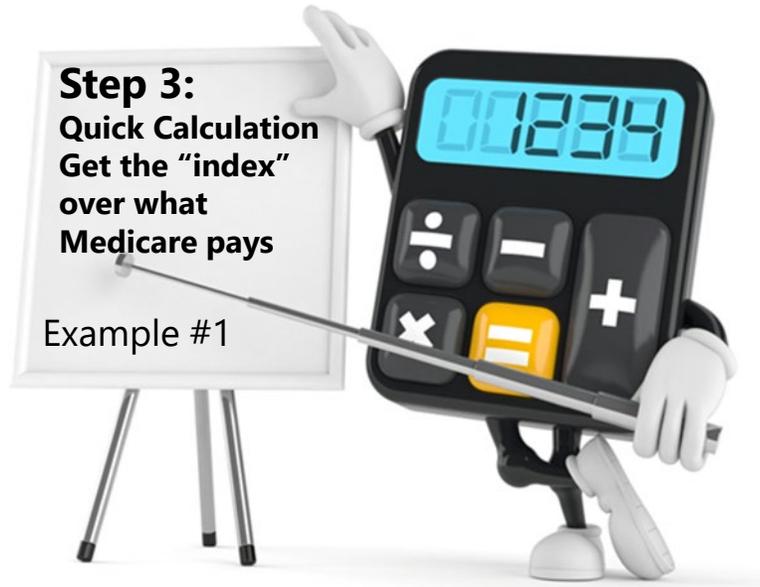
Work	1.002
Practice	1.058
Malpractice	0.886

CPT code: 99213 Established Office Visit

Where: Austin, Texas

Date of Service: January 6, 2026

Non-Network



Step 3:

Divide DWC CF by non qualifying QP
Medicare CF

$$\$72.07 \div \$33.40 = 216\%$$

CPT code: 99213 Established Office Visit

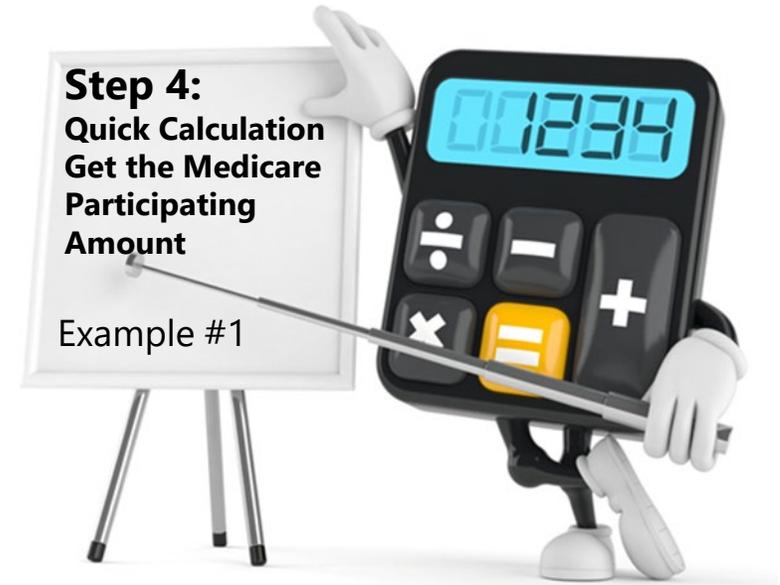
Where: Austin, Texas

Date of Service: January 6, 2026

Non-Network

Step 4:

Find the Medicare Participating Amount
\$97.77 (non APM QP)





Physician's Fee Schedule Code Search & Downloads

Search using a single code

Procedure Code	99213	No Modifier
Date Of Service	1/6/2026	
State	Texas	
Locality	Austin (31)	

Search Clear

Download the complete Fee Schedule

Year	2026
State	Choose a state...
Locality	Choose a locality...
File type	PDF

Download

Results

Procedure Code	99213	State	Texas	Modifier	No Modifier
Effective Date	01-01-2026	Locality	Austin (31)	Description	Office o/p est low 20 min

Please click on the [i](#) icon for a description of any field or indicator

Fee Schedule Amount

Participating Provider	97.77
Non-Participating Provider	92.88
Limiting Charge Amount	106.81

When performed in a facility setting

Participating Provider	57.83
Non-Participating Provider	54.94
Limiting Charge Amount	63.18

Status Indicators

Surgery & Procedures

Professional/Technical Component	0
Global Days	XXX
Pre-Operative %	0.0
Intra-Operative %	0.0
Post-Operative %	0.0
Multiple Procedures	0
Bilateral Surgery	0
Assistant at Surgery	0
Team Surgeons	0
Co Surgeons	0
Physician Supervision of Diagnostic Procedures	09
Multiple Therapy Amount	41.76
Conversion factor	33.4009
Update Factor	1.0000

General Info

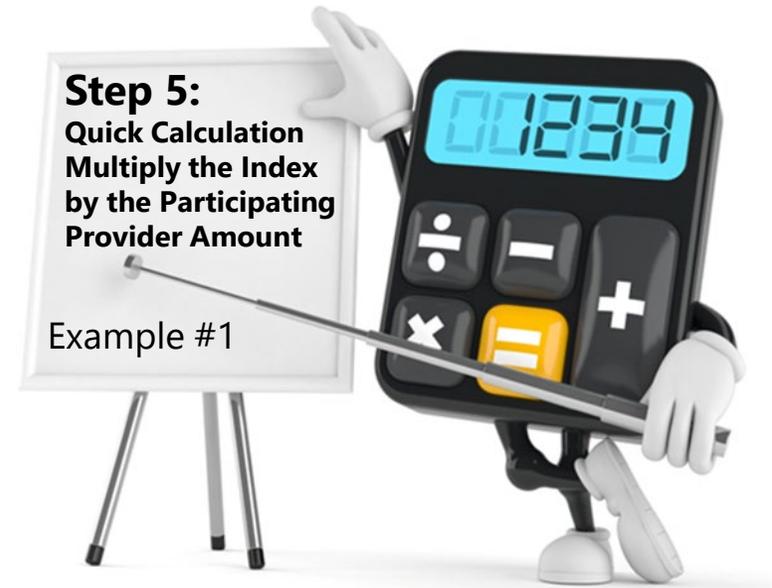
Status	A
Facility Pricing Indicator	1
PDT Indicator	9
Imaging Cap Indicator	9
Relative Value Units	
Work	1.3
Practice (Non Facility Settings)	1.46
Practice (Facility Settings)	0.33
Malpractice	0.09
Geographic Practice Cost Indices	
Work	1.002
Practice	1.058
Malpractice	0.886

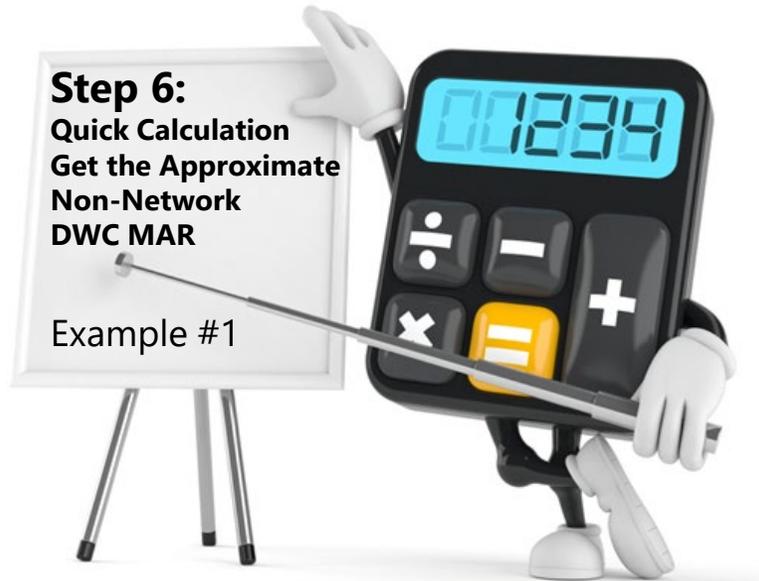
CPT code: 99213 Established Office Visit
Where: Austin, Texas
Date of Service: January 6, 2026
Non-Network

Step 5:

Multiply 2.16 or 216% by the Medicare
Nonqualifying QP Participating Provider
Amount for Austin, Texas

$$216\% \times \$97.77 = \$211.18$$





CPT code: 99213 Established Office Visit

Where: Austin, Texas

Date of Service: January 6, 2026

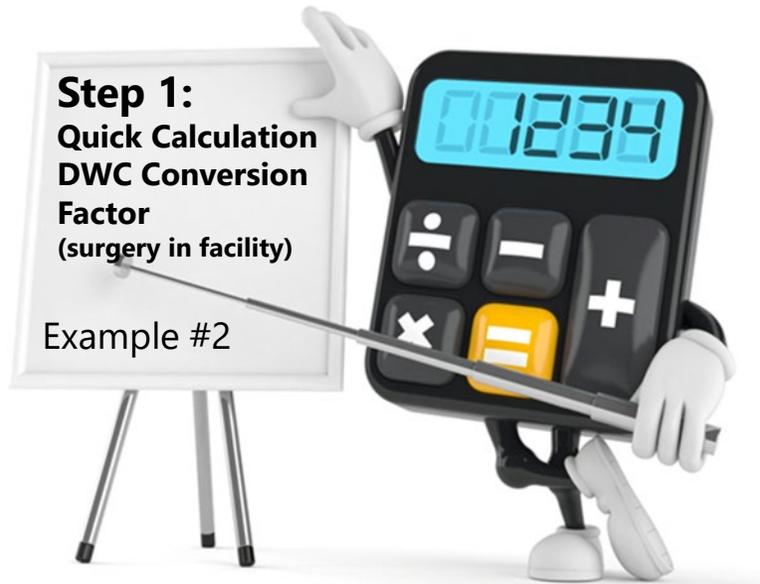
Non-Network

Step 6:

Approximate Non-Network DWC MAR=

\$211.18 (216% of non APM QP Medicare)

Example #2



CPT code: 29827 Arthroscopy Shoulder
(performed in a facility)

Where: Austin, Texas

Date of Service: January 6, 2026

Non-Network

Step 1:

Find the DWC CF

\$90.48

CPT code: 29827 Arthroscopy Shoulder
(performed in a facility)

Where: Austin, Texas

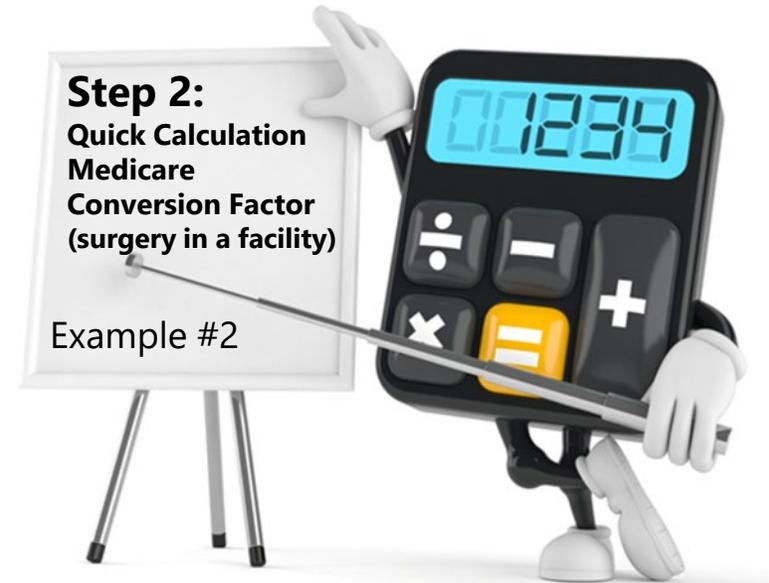
Date of Service: January 6, 2026

Non-Network

Step 2:

Find the Medicare CF

\$33.40 (non APM QP)





Physician's Fee Schedule Code Search & Downloads

Search using a single code

Procedure Code	29827	No Modifier
Date Of Service	1/6/2026	
State	Texas	
Locality	Austin (31)	
Search		Clear

Download the complete Fee Schedule

Year	2026
State	Choose a state...
Locality	Choose a locality...
File type	PDF
Download	

Results

Procedure Code	29827	State	Texas	Modifier	No Modifier
Effective Date	01-01-2026	Locality	Austin (31)	Description	Sho arthrs srg rt8tr cuf rpr

Please click on the [i](#) icon for a description of any field or indicator

Fee Schedule Amount

Participating Provider	986.98
Non-Participating Provider	937.63
Limiting Charge Amount	1,078.27

When performed in a facility setting

Participating Provider	986.98
Non-Participating Provider	937.63
Limiting Charge Amount	1,078.27

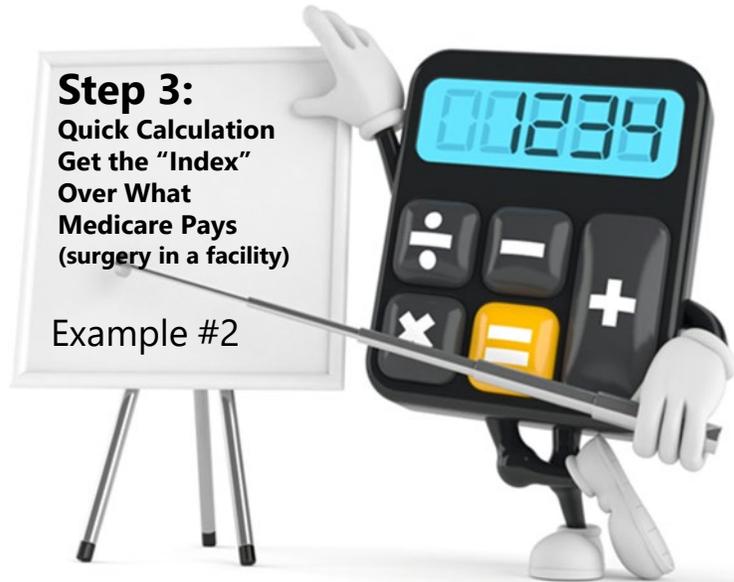
Status Indicators

Surgery & Procedures

Professional/Technical Component	0
Global Days	090
Pre-Operative %	0.1
Intra-Operative %	0.69
Post-Operative %	0.21
Endoscopic Base Code	29805
Multiple Procedures	3
Bilateral Surgery	1
Assistant at Surgery	2
Team Surgeons	0
Co Surgeons	1
Physician Supervision of Diagnostic Procedures	09
Multiple Therapy Amount	0.00
Conversion factor	33.4009
Update Factor	1.0000

General Info

Status	A
Facility Pricing Indicator	1
PDT Indicator	9
Imaging Cap Indicator	9
Relative Value Units	
Work	15.2
Practice (Non Facility Settings)	10.98
Practice (Facility Settings)	10.98
Malpractice	3.05
Geographic Practice Cost Indices	
Work	1.002
Practice	1.058
Malpractice	0.886



CPT code: 29827 Arthroscopy Shoulder
(performed in a facility)

Where: Austin, Texas

Date of Service: January 6, 2026

Non-Network

Step 3:

Divide DWC CF by Medicare CF (non APM
QP)

$$\$90.48 \div \$33.40 = 2.71 \text{ or } 271\%$$

CPT code: 29827 Arthroscopy Shoulder
(performed in a facility)

Where: Austin, Texas

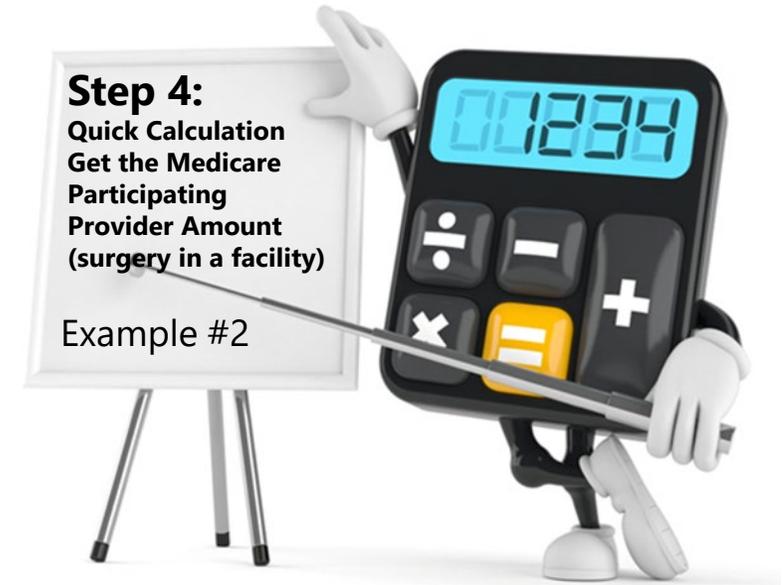
Date of Service: January 6, 2026

Non-Network

Step 4:

Find the Medicare Participating Provider
Amount

\$986.98 (non APM QP)





Physician's Fee Schedule Code Search & Downloads

Search using a single code

Procedure Code	29827	No Modifier
Date Of Service	1/6/2026	
State	Texas	
Locality	Austin (31)	
<input type="button" value="Search"/> <input type="button" value="Clear"/>		

Download the complete Fee Schedule

Year	2026
State	Choose a state...
Locality	Choose a locality...
File type	PDF
<input type="button" value="Download"/>	

Results

Procedure Code	29827	State	Texas	Modifier	No Modifier
Effective Date	01-01-2026	Locality	Austin (31)	Description	Sho arthrs srg rt8tr cuf rpr

i Please click on the **?** icon for a description of any field or indicator

Fee Schedule Amount

Participating Provider	986.98	?
Non-Participating Provider	937.63	?
Limiting Charge Amount	1,078.27	?

When performed in a facility setting **?**

Participating Provider	986.98	?
Non-Participating Provider	937.63	?
Limiting Charge Amount	1,078.27	?

Status Indicators

Surgery & Procedures

Professional/Technical Component	0	?
Global Days	090	?
Pre-Operative %	0.1	?
Intra-Operative %	0.69	?
Post-Operative %	0.21	?
Endoscopic Base Code	29805	?
Multiple Procedures	3	?
Bilateral Surgery	1	?
Assistant at Surgery	2	?
Team Surgeons	0	?
Co Surgeons	1	?
Physician Supervision of Diagnostic Procedures	09	?
Multiple Therapy Amount	0.00	?
Conversion factor	33.4009	?
Update Factor	1.0000	?

General Info

Status	A	?
Facility Pricing Indicator	1	?
PDT Indicator	9	?
Imaging Cap Indicator	9	?
Relative Value Units		
Work	15.2	?
Practice (Non Facility Settings)	10.98	?
Practice (Facility Settings)	10.98	?
Malpractice	3.05	?
Geographic Practice Cost Indices		
Work	1.002	?
Practice	1.058	?
Malpractice	0.886	?

CPT code: 29827 Arthroscopy Shoulder
(performed in a facility)

Where: Austin, Texas

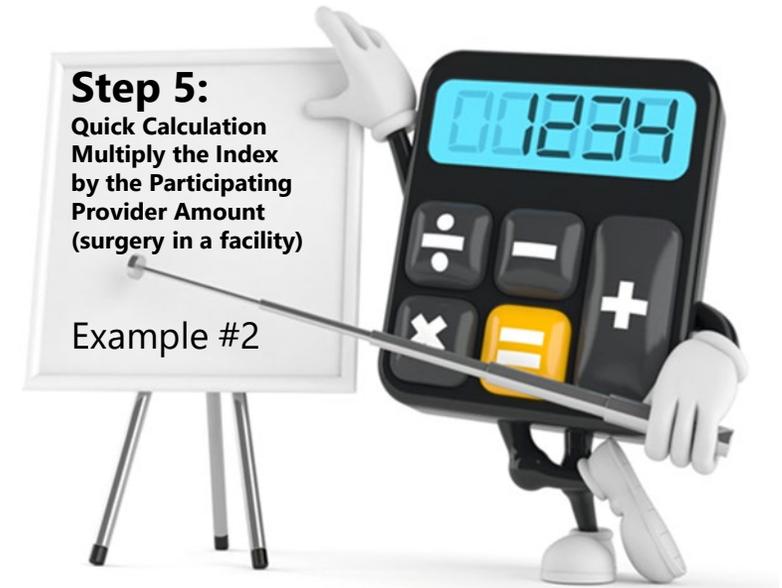
Date of Service: January 6, 2026

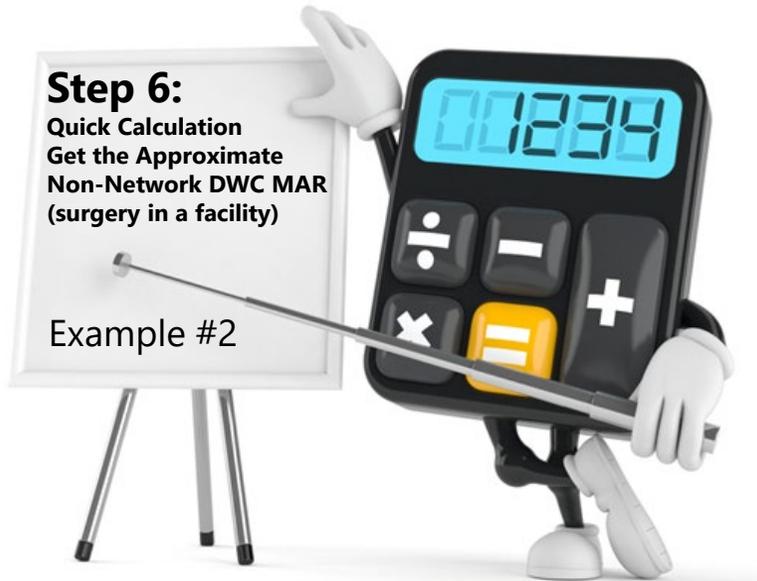
Non-Network

Step 5:

Multiply 2.71 or 271% by the non APM QP
Medicare Participating Amount for Austin,
Texas

$$271\% \times \$986.98 = \$2674.72$$





CPT code: 29827 Arthroscopy Shoulder
(performed in a facility)

Where: Austin, Texas

Date of Service: January 6, 2026

Non-Network

Step 6:

Approximate Non-Network DWC MAR =
\$2674.72 (271% non APM QP)

Calculation Examples Workers' Compensation Specific Exams

Date of Service: January 12, 2026

Designated doctor examined an injured employee for:

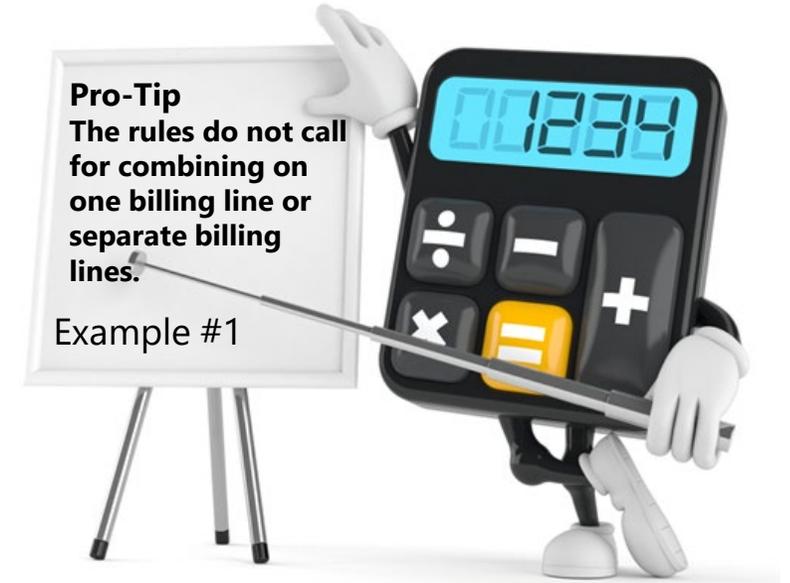
- maximum medical improvement (MMI)
- impairment rating (IR) for two musculoskeletal (MSK) body parts; and
- extent of injury (EOI).

MMI 99456 W5: \$478.00

IR 99456 W5: \$409.00+\$204.00

EOI 99456 W6: \$682.00

Total: \$1,773.00



Date of service: January 12, 2026

Referred doctor receives a referral from a treating doctor and examined an injured employee for:

- MMI; and
- IR for two MSK body parts.

MMI 99456: \$478.00

IR 99456: \$409.00+\$204.00

Total: \$1,091.00



Date of Service: January 12, 2026

Treating doctor in Austin, Texas, examined an injured employee with a non-network claim for:

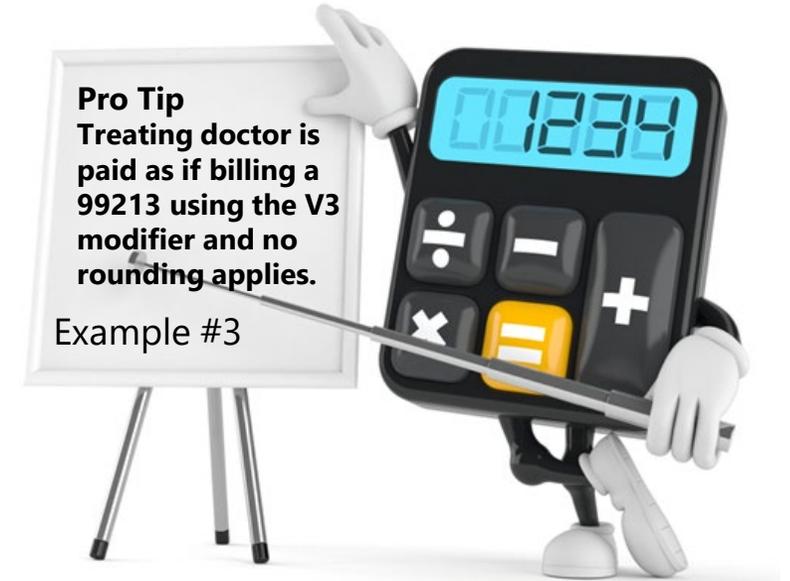
- MMI; and
- IR for one MSK body part.

MMI 99455 V3: \$211.18*

IR 99455: \$409.00

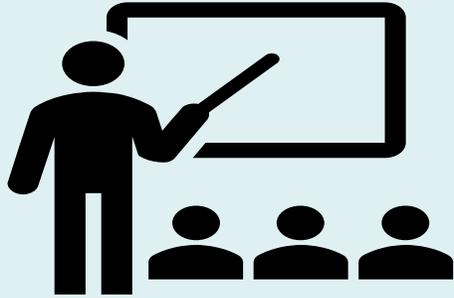
Total: \$620.18

*For treating doctor only, no rounding applies to MMI exam fee and if the claim is network, the network discounts apply to MMI exam fee only, not the IR reimbursement.



Pro Tip
Treating doctor is paid as if billing a 99213 using the V3 modifier and no rounding applies.

Example #3



Recap

Basic principles of the Medical Fee Guideline for Professional Services.



Service Categories, Payment Policies, and Reimbursement Methodology.



CFs and workers' compensation specific exam fees



Example calculations for professional fees.



Example calculations for workers' compensation specific exams.



Contact Us



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