



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-25-1563-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

March 12, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 13, 2025	99213	\$7.90	\$0.00
January 13, 2025	99080-73	\$0.00	\$0.00
Total		\$7.90	\$0.00

Requestor's Position

"After reconsideration we were again denied full payment for authorized services stating no additional reimbursement due. This is incorrect and 2025 fee allowances have not been paid in full."

Amount in Dispute: \$7.90

Respondent's Position

"Respondent has not received a medical bill for the date of service 1/13/2025, from the Requestor. Additionally, Requestor did not include the medical bill or documentation for the date of service 1/13/2025, nor did they include proof the medical bill had been sent to Respondent."

Response Submitted by: Downs & Stanford, P.C.

Findings and Decision

Authority

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

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

Neither the requestor nor the respondent submitted copies of EOBs with the medical fee dispute resolution request/response for disputed date of service, January 13, 2025.

Issues

1. Is the requestor entitled to additional reimbursement for the CPT Code 99213?

Findings

1. The requestor is seeking additional reimbursement in the amount of \$7.90 for an office visit billed under CPT Code 99213 rendered on January 13, 2025.
 - The CPT code description for 99213 is, "A medical evaluation and management (E/M) service provided by physicians. This code is used to document and bill for a level three office visit, which involves a face-to-face encounter with the patient for the evaluation and treatment of a new or existing problem."

28 TAC 133.307(c), states, " (c) Requests. Requests for MFDR must be legible and filed in the form and manner prescribed by the division... (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor must send the request to the division in the form and manner prescribed by the division by any mail service, personal delivery, or electronic transmission as described in §102.5 of this title. The request must include...

(D) the date(s) of the service(s) in dispute...

(J) a copy of all medical bills related to the dispute, as described in §133.10 of this chapter (concerning Required Billing Forms/Formats) or §133.500 (concerning Electronic Formats for Electronic Medical Bill Processing) as originally submitted to the insurance carrier in accordance with this chapter, and a copy of all medical bills submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (concerning Reconsideration for Payment of Medical Bills)...

(K) each explanation of benefits or e-remittance (collectively "EOB") related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB...

(M) a copy of all applicable medical records related to the dates of service in dispute.”

A review of submitted documentation finds that the requestor’s documentation for CPT 99213 is for date of service January 30, 2025, which is not in dispute. The DWC finds that the submitted documentation is insufficient to support additional reimbursement for CPT code 99213 rendered on January 13, 2025.

Conclusion

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

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

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 additional reimbursement for the disputed service.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 9, 2025
Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §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 1-800-252-7031, option 3 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 the Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.