



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Haroon Siddique, MD

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-1675-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

March 26, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 14, 2023	99213, and 96127	\$144.00	\$0.00
September 11, 2023	99213, and 96127	\$144.00	\$0.00
October 9, 2023	99213, and 96127	\$144.00	\$0.00
December 4, 2023	99213, and 96127	\$144.00	\$0.00
February 1, 2024	99213, and 96127	\$144.00	\$0.00
April 1, 2024	99213, and 96127	\$144.00	\$0.00
May 29, 2024	99213, and 96127	\$144.00	\$0.00
July 31, 2024	99213, and 96127	\$144.00	\$0.00
September 24, 2024	99213, and 96127	\$144.00	\$0.00
Total		\$1,296.00	\$0.00

Requester's Position

"Previously we sent claims to Texas Mutual insurance, and they denied due to our provider is OON. After that we resubmitted the claim with provider participation proofs. After that we got the claim status that all claim was denied due to timely filing expired. Please take care of the attached file and reprocess the claim accordingly. We hope so you will accept our request and release the payment to the provider office."

Amount in Dispute: \$1,296.00

Respondent's Position

"....for date of service 04/01/2024. This bill was... denied for no out of network approval... this bill was received after 190 days old and was denied as untimely... for date of service 05/29/2004. This bill was... denied for no out of network approval...this bill was received at 190 days old and was denied as untimely... for date of service 025/29/2024. This bill was... denied for no out of network approval... this bill was received at 132 days old and was denied as untimely... Date of service 07/31/2024 was reimbursed on 02/14/2025... Date of service 09/24/2024 was submitted without a modifier 95 for telehealth services as supported by the attached documentation."

Response Submitted by: Texas Mutual Insurance Company

Findings and Decision

Authority

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

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [Chapter 1305](#) governs workers' compensation health care networks.
4. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.
5. [28 TAC §133.20](#) sets out the medical bill submission procedures for health care providers.
6. [TLC §408.0272](#) sets out the exceptions to the timely filing of a medical bill.
7. [28 TAC §133.30](#) sets out the medical fee guidelines for telemedicine, telehealth, and teledentistry services.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- CAC-45 Charges exceeds fee schedule/maximum allowable or contracted/legislative fee arrangement.
- DC3 – Additional reimbursement allowed after reconsideration.
- D25 – Approved non network provider for WorkWell, TX network claimant per rule 1305.153(c).
- D27 – Provider not approved to treat WorkWell, TX network claimant. For network information call 844-867-2338.
- CAC-18 – Exact duplicate claim/service.
- CAC-29 – The time limit for filing has expired.
- 716 – A denial was made because the provider and/or different provider has billed for the services.
- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-243 – Service not authorized by network/primary care providers.
- DC4 – No additional reimbursement allowed after reconsideration.
- CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- Note: Health questionnaire was not submitted.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 892 – Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.
- Note: 96127 – No documentation was found.
- Note: Modifier 95 to be used in accordance with CMS guidance for telehealth. Health questionnaire was not submitted.
- 732 - Accurate coding is essential for reimbursement. Modifier billed incorrectly or missing, services are not reimbursable as billed.

Issues

1. Did the requester provide medical services to an injured employee within a certified network?
2. Has the requester waived the right to medical fee dispute resolution for services provided on August 14, 2023; September 11, 2023; October 9, 2023; December 4, 2023; and February 1, 2024?
3. Did the requester submit medical bills in compliance with TLC §408.0272 and 28 TAC §§133.20 (b) and (d) for services on April 1, 2024, and May 29, 2024?
4. Is the requester entitled to reimbursement for services on July 31, 2024?
5. Is the requester entitled to reimbursement for services on September 24, 2024?

Findings

1. Haroon Siddique, MD submitted medical fee dispute No. M4-25-1675-01 to the Division of Workers' Compensation (DWC) under 28 TAC §133.307 regarding non-payment for office visits (CPT 99213) and behavioral assessment services (CPT 96127) provided between August 14, 2023, and September 23, 2024.

Although the injured employee's claim falls within the WorkWell certified healthcare network, the requester was not a participating provider during the service dates. Therefore, the services were rendered out-of-network.

According to the Texas Insurance Code (TIC) §1305.006 and §1305.153(c), out-of-network providers who obtain approved referrals from the treating doctor are entitled to reimbursement under the Texas Workers' Compensation Act. Documentation confirms that the requester secured such an approved out-of-network referral, meeting the criteria for a medical fee dispute resolution review. The disputed services will be reviewed in accordance with applicable laws and commissioner rules.

2. The requester seeks \$720.00 for services dated August 14, 2023; September 11, 2023; October 9, 2023; December 4, 2023; and February 1, 2024. The dispute was received by the DWC on March 26, 2025, exceeding the one-year filing deadline stipulated in 28 TAC §133.307(c)(1). No exceptions to the deadline apply.

Therefore, the requester has waived the right to dispute resolution for these service dates.

3. The requester submitted bills for services provided on April 1 and May 29, 2024, initially listing Florence Nwokoye, DNP, PMHNP-BC as provider of service. These were denied due to out-of-network status. Subsequently, corrected bills listing Haroon Siddique, MD as the provider were submitted, but outside the 95-day timely filing limit required by 28 TAC §133.20(b).

No evidence shows that any exceptions or extensions to the timely filing requirement apply. Furthermore, 28 TAC §133.20(d) requires the healthcare provider who provided the services to submit the bill unless certain exceptions exist, which do not apply here. As a result, reimbursement is not recommended for these service dates.

4. For July 31, 2024, the insurance carrier paid \$130.37 plus \$1.94 interest for CPT 99213. Behavioral assessment services (CPT 96127) were denied due to lack of authorization for an out-of-network provider. The out-of-network referral was issued to Dr. Siddique, but the service was provided by Florence Nwokoye, DNP. The carrier's denial is supported, and no additional reimbursement is recommended.
5. The requester billed CPT 99213 and 96127 for a telehealth visit on September 24, 2024, seeking \$144.00. The insurance carrier denied payment citing missing required documentation, coding errors, and lack of appropriate modifiers.

The appointment was a telehealth service, which requires modifier -95 to indicate synchronous telemedicine, per 28 TAC §133.30 and §134.203. The requester did not include this modifier.

Therefore, the denial is supported, and reimbursement is not recommended.

Conclusion

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

Based on the evidence submitted by both parties, the Division of Workers' Compensation finds that the requester has not demonstrated entitlement to reimbursement for the disputed services.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement in the amount of \$0.00 for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 10, 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, 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.