



Medical Fee Dispute Resolution Findings and Decision General Information

Requester Name

Peak Integrated Healthcare

Respondent Name

Wesco Insurance Co.

MFDR Tracking Number

M4-25-2267-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

May 19, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 27, 2025	99213	\$193.79	\$193.79
March 27, 2025	99080-73	\$15.00	\$15.00
Total		\$208.79	\$208.79

Requester's Position

"AFTER RECONSIDERATION WE WERE AGAIN DENIED PAYMENT FOR A COMPENSABLE INJURY. THESE BILLS SHOULD BE PAID IN FULL..."

Amount in Dispute: \$208.79

Respondent's Position

The Austin carrier representative for Wesco Insurance Co. is Downs Stanford, P.C. The representative was notified of this medical fee dispute on May 23, 2025. Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the 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 §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.
2. [28 \(TAC\) §133.305 sets](#) out general Medical Dispute Resolution guidelines.
3. [28 TAC §124.2](#) sets out Insurance Carrier Notification Requirements.
4. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.
5. [28 TAC §129.5](#) sets out the fee guidelines for the DWC73 Work Status Reports.

Denial Reasons

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

- CND – ENTITLEMENT (NON-COMPENSABLE).
- G15 – PRICING IS CALCULATED BASED ON THE MEDICAL PROFESSIONAL FEE SCHEDULE VALUE.
- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- P4 – WORKERS COMPENSATION CLAIM ADJUDICATED AS NON-COMPENSABLE. THIS PAYER NOT LIABLE FOR CLAIM OR SERVICE/TREATMENT.
- W3 & 350 – BILL IS RECONSIDERATION OR APPEAL.

Issues

1. Are the disputed services eligible for review by Medical Fee Dispute Resolution (MFDR)?
2. Is the requester entitled to reimbursement for CPT code 99213?
3. Is the requester entitled to reimbursement for CPT code 99080-73?

Findings

1. A review of the submitted explanation of benefits (EOB) document submitted finds that the services in dispute were denied payment by the insurance carrier due to a non-compensable claim dispute.

28 TAC §133.305(b) states, "Dispute Sequence. If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability, or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and §408.021."

28 TAC §133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

28 TAC §124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices (PLN) with language and content prescribed by the division. Such notices "... shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."

The review of the submitted documentation finds no copies, as required by Rule §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule §124.2. The submitted documentation does not include results of a Benefit Review Conference (BRC) or of a Contested Case Hearing (CCH). The insurance carrier's denial reason is therefore not supported. DWC concludes that based on submitted documentation, there are no outstanding issues of compensability, extent, or liability for the injury.

DWC finds that the disputed services are eligible for review by MFDR.

2. The requester is seeking reimbursement in the amount of \$193.79 for disputed CPT code 99213 rendered on March 27, 2025. Because the insurance carrier's denial reasons are not supported, DWC finds that the requester is entitled to reimbursement.

CPT Code 99213 is defined as, "Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making (MDM). When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter."

DWC finds that 28 TAC §134.203 applies to the billing and reimbursement of disputed service CPT code 99213.

28 TAC §134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

28 TAC §134.203© states in pertinent part, "To determine the maximum allowable reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the

Medicare Economic Index (MEI) to the previous year's conversion factors and shall be effective January 1st of the new calendar year."

To determine the MAR the following formula is used:

$(\text{DWC Conversion Factor} / \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$.

- The disputed date of service is March 27, 2025.
- The disputed service was rendered in zip code 75043, locality 11, Dallas; carrier 4412.
- The Medicare participating amount for CPT code 99213 in 2025 at this locality is \$89.32.
- The 2025 DWC Conversion Factor is 70.18.
- The 2025 Medicare Conversion Factor is 32.3465.
- Using the above formula, DWC finds the MAR is \$193.79 for CPT code 99213 on the disputed date of service.
- The respondent paid \$0.00.
- Reimbursement in the amount of \$193.79 is recommended for CPT code 99213 rendered on March 27, 2025.

DWC finds that the requester is entitled to reimbursement in the amount of \$193.79 for CPT code 99213 rendered on March 27, 2025.

3. The requester is seeking reimbursement in the amount of \$15.00 for CPT code 99080-73, Work Status Report, rendered on March 27, 2025.

28 TAC §129.5 which applies to the disputed Work Status Report, states in pertinent part "(b) If authorized under their licensing act, a treating doctor may delegate authority to complete, sign, and file a work status report to a licensed physician assistant or a licensed advanced practice registered nurse as authorized under Texas Labor Code §408.025(a-1). The delegating treating doctor is responsible for the acts of the physician assistant and the advanced practice registered nurse under this subsection...

(e) The doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report:

- (1) after the initial examination of the injured employee, regardless of the injured employee's work status;
- (2) when the injured employee experiences a change in work status or a substantial change in activity restrictions...

(J)... The amount of reimbursement shall be \$15. A doctor shall not bill in excess of \$15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section... Doctors billing for Work Status Reports as permitted by this section shall do so as follows: (1) CPT code "99080" with modifier "73" shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section."

A review of the submitted documentation finds that the disputed DWC 73, Work Status Report, rendered on March 27, 2025, met the documentation and medical billing requirements outlined in 28 TAC §129.5.

DWC finds that the requester is entitled to reimbursement in the amount of \$15.00 for CPT code

99080-73 rendered on March 27, 2025.

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.

DWC finds the requester has established that reimbursement in total amount of \$208.79 is due.

ORDER

Under Texas Labor Code §§413.031, the DWC has determined the requester is entitled to reimbursement for disputed services. It is ordered that Wesco Insurance Co. must remit to Peak Integrated Healthcare, \$208.79 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 30, 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 electronico CompConnection@tdi.texas.gov.