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

General Information

Requester Name
Peak Integrated Healthcare

Respondent Name
Safety National Casualty Corp.

MFDR Tracking Number
M4-25-2719-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
June 27, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 11, 2025	99213	$193.79	$193.79
April 11, 2025	99080-73	$15.00	$15.00
	Total	$208.79	$208.79

Requester's Position

"PATIENT HAS WON A HEARING ON 5/30/2025 STATING PATIENT HAS COMPENSABLE INJURY. SEE ATTACHED."

Amount in Dispute: $208.79

Respondent's Position

"This medical dispute concerns services provided by Peak Integrated Healthcare , associated with dates of service 4/11/2025/4/11/2025. As explained in the carrier's explanation of benefits, reimbursement was properly denied. It is our position that the claimant did not sustain a compensable injury in the course and scope of his employment. A copy of the PLN 1, Notice of Denial of Compensability, is attached for your review. While a Contested Case Hearing has taken place, the Carrier is still within its compliance time frame. Payment is possible prior to the expiration of the compliance[sic] time."

Response Submitted by: ESIS

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 MDR -- General
2. 28 TAC §133.307 Medical Fee Dispute Resolution
3. 28 TAC §129.5 Work Status Reports
4. 28 TAC §134.203 Medical Fee Guideline for Professional Services

Denial Reasons

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

- 133 – The disposition of this service line is pending further review.
- A1 – Claim/service denied.
- 3 – Disputed claim.
- 2 – This procedure on this date was previously reviewed.
- 18 – Duplicate claim/service.

Issues

1. Has the issue of compensability been resolved?
2. Are the insurance carrier's denial reasons supported?
3. Is the requester entitled to reimbursement for CPT code 99213?
4. Is the requester entitled to reimbursement for the work status report?
5. What is the fee guideline amount due to the requester?

Findings

1. The requester seeks reimbursement for an office visit and a work status report billed under CPT codes 99213, and 99080-73 and rendered on April 11, 2025. The insurance carrier denied payment, citing a compensability issue as the basis for the denial.

   Pursuant to 28 TAC §133.305(a)(4), a medical fee dispute may only address the amount of payment for non-network healthcare services that have been determined to be medically necessary and related to a compensable injury. Under §133.305(b), if a dispute exists regarding compensability, extent of injury, liability, or medical necessity, those issues must be resolved prior to the filing of a medical fee dispute under Labor Code §§413.031 and 408.021.

   In this case, the carrier denied reimbursement on the grounds that the injury was not compensable. Specifically, the carrier stated:
   "It is our position that the claimant did not sustain a compensable injury in the course and scope of his employment. A copy of the PLN 1, Notice of Denial of Compensability, is attached for your review."

A Contested Case Hearing (CCH) was held, and a decision was issued on May 30, 2025, finding that:

"The claimant sustained a compensable injury on [date of injury]."

The documentation submitted confirms that the disputed services were rendered for the date of injury found to be compensable by the CCH decision issued on May 30, 2025. Based on this determination, the carrier is liable for any benefits associated with the claimed injury, including reimbursement for the medical services in question. As the injury has been deemed compensable, the requester is entitled to reimbursement for these services.

2. This dispute involves the non-payment of an office visit, and a work status report provided on April 11, 2025, billed under CPT codes 99213 and 99080-73. The requester seeks reimbursement in the amount of $208.79. Because the insurance carrier's denial reasons are not supported, reimbursement is determined based on the applicable rules and guidelines.

3. For the office visit billed under CPT code 99213, the following applies to the reimbursement:

   28 TAC §134.203(b)(1) which sets out fee guidelines for professional medical services, 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."

   CPT Code 99213 is described 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."

   Medicare reimbursement policies require that the documentation of E/M services meet the American Medical Association (AMA) CPT Code Guidelines, which can be found at https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf

   In summary, CPT code 99213 documentation must contain two out of three of the following elements: 1) low level of number and complexity of problems addressed 2) limited level of amount and/or complexity of data to be reviewed and analyzed 3) low risk of morbidity/mortality of patient management OR must document 20-29 minutes of total time spent on the date of patient encounter.

   An interactive E&M scoresheet tool is available at: www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet

   A review of the submitted medical documentation finds that the medical documentation submitted supports the billing and meets the AMA criteria for billing CPT code 99213. As a result, the requester is entitled to reimbursement for CPT code 99213 rendered on April 11, 2025.

Per 28 TAC §134.203(c)(1), to determine the Maximum Allowable Reimbursement (MAR) for professional services, system participants must apply Medicare payment policies with minimal modifications. For service categories including Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery performed in an office setting, the established conversion factor is $53.68.

The MAR is calculated using the formula:
(DWC Conversion Factor ÷ Medicare Conversion Factor) × Medicare Payment = Maximum Allowable Reimbursement (MAR).

- Date of service: April 11, 2025
- The 2025 DWC Conversion Factor is 70.18
- The 2025 Medicare Conversion Factor is 32.3465
- A review of the medical bills finds that the disputed services were rendered in zip code 75043; the Medicare locality is Dallas - 4412-11.
- The Medicare Participating amount for CPT code 99213 at this locality is $89.32.
- Using the above formula, the DWC finds the MAR is $193.79.
- The requester seeks $193.79
- The respondent paid $0.00.
- Reimbursement of $193.79 is recommended.

The DWC finds that the requester is entitled to reimbursement for the disputed services. As a result, $193.79 is due

4. The following applies to the reimbursement of the work status report.

   28 TAC §129.5(i)(1), which applies to the billing and reimbursement of Work Status Reports, states "Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. 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 are not required to submit a copy of the report being billed for with the bill if the report was previously provided. 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."

   28 TAC §129.5 (d)(1) and (2) states "The doctor shall file the Work Status Report: (1) after the initial examination of the employee, regardless of the employee's work status; (2) when the employee experiences a change in work status or a substantial change in activity restrictions."

   A review of the medical records confirms that the Work Status Report was properly documented in accordance with 28 TAC §129.5. The Division of Workers' Compensation (DWC) recommends reimbursement in the amount of $15.00.

5. The DWC determines that the requester has demonstrated entitlement to reimbursement. Accordingly, a payment of $208.79 is recommended.

Conclusion

The Division finds that the compensability issue has been resolved through the Contested Case Hearing decision, which determined that the claimant did sustain a compensable injury. As a result, the services in dispute are reimbursable.

Because the underlying compensability issue has been resolved for the injured employee, reimbursement for the disputed medical services is recommended. While all submitted materials were reviewed, only the relevant documentation is cited in this decision.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that the respondent must remit to the requester $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	November 14, 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. The Division must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to the Division using the contact information on the form or the field office handling the claim. If you have questions about the 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 the Division. **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.