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
Arch Indemnity Insurance Co.

MFDR Tracking Number
M4-25-2788-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
July 2, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 1, 2025	99213	$102.40	$102.40
May 1, 2025	99080-73	$102.40	$15.00
	Total	$208.79	$117.40

Requester's Position

"This bill was denied payment to include the 99213 OFFICE VISIT CODE for which all documentation has been provided, stating denial reason 'workers compensation jurisdictional fee adjustment.' The patient is entitled to reasonable medical care as stipulated in Texas law as related to the original injury. Office visits are recommended as determined to be medically necessary."

Amount in Dispute: $208.79

Respondent's Position

"The provider filed a OWC 60, seeking Medical Fee Dispute Resolution for a date of service of May 1, 2025. The provider billed for an office visit and the issuance of a DWC 73 Work Status Report. The provider billed $208.79. However, the provider's DWC 60 has misidentified the amounts billed per CPT code. On the CMS 1500, the provider billed $193.79 CPT 99213 and $15 for CPT 99080 with a 73 modifier."

Response submitted by: Flahive, Ogden & Latson

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 §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §129.5 sets out the fee guidelines for the DWC73 reports.

Denial Reasons

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

- 190 - BILLING FOR REPORT AND/OR RECORD REVIEW EXCEEDS REASONABLENESS.
- 5264 – Payment is denied-service not authorized.
- 197 - PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION/AUTHORIZATION.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 1014 - The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.
- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 - IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.

Issues

1. What are the amounts being sought by the requester for each service in dispute?
2. Are the insurance carrier's denial reasons of CPT code 99213 supported?
3. Are the insurance carrier's denial reasons of CPT code 99080-73 supported?
4. Is the requester entitled to reimbursement for CPT code 99213 rendered on the disputed date of service?
5. Is the requester entitled to reimbursement for CPT code 99080-73 rendered on the disputed date of service?

Findings

1. A review of the submitted medical bills finds that the requester charged for CPT code 99213 in the amount of $193.79 and charged for CPT code 99080-73 in the amount of $15.00. The total amount charged on the disputed date of service according to the submitted medical bills was $208.79.

   The requester submitted the DWC060 Medical fee Dispute Resolution (MFDR) Request form to reflect that CPT code 99213 and 99080-73 were both billed in the amount of $102.40 each and that both CPT codes are in dispute for $102.40 each.

   DWC finds that per the DWC060 MFDR Request form, the requester is seeking reimbursement in the following amounts:

   - CPT code 99213 – the requester is seeking $102.40.
   - CPT code 99080-73 - the requester is seeking $102.40.

2. A review of the explanation of benefits (EOB) documents submitted finds that the insurance carrier denied CPT code 99213 rendered on May 1, 2025, with reason codes related to lack of preauthorization.

   The service in dispute, billed under 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."

   28 TAC §134.600(p), which sets out non-emergency health care requiring preauthorization, does not require that health care providers obtain prior authorization for the rendering of evaluation and management office visits.

   DWC finds that the insurance carrier's reason for denial of reimbursement for CPT code 99213, rendered on the disputed date of service, is not supported.

3. A review of the submitted EOBs finds that the insurance carrier denied reimbursement for CPT code 99080-73 rendered on May 1, 2025, with reason codes asserting that the report exceeds reasonableness.

   CPT code 99080-73 is used to describe completion of a Work Status Report. 28 TAC §129.5 which sets out the fee guidelines for the DWC73 Work Status Reports states in pertinent part, "(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…"

   A review of the submitted documentation finds no evidence to support that the Work Status Report is excessive or unreasonable. A review of the submitted Work Status Report finds that the completion and billing of the report is in accordance with 28 TAC §129.5.

   DWC finds that the insurance carrier's reason for denial of reimbursement for the Work Status

Report rendered on May 1, 2025, and billed under CPT code 99080-73, is not supported.

4. The requester is seeking reimbursement in the amount of $102.40 for CPT code 99213 rendered on May 1, 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(c) 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:
   (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR.

   - The disputed date of service is May 1, 2025.
   - The disputed service was rendered in zip code 75043, locality 11, Dallas.
   - 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.
   - The requester is seeking $102.40 for CPT code 99213 on the disputed date of service; therefore, this is the recommended reimbursement amount for this disputed service.

5. On the disputed date of service, the requester rendered completion of a Work Status Report

billed under CPT code 99080-73.

28 TAC §129.5 which applies to the reimbursement of the DWC73 Work Status Reports states in pertinent part, "(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 DWC73, Work Status Report, rendered on May 1, 2025, met the documentation and medical billing requirements outlined in 28 TAC §129.5. DWC finds that the requester is therefore entitled to reimbursement in the amount of $15.00 for CPT Code 99080-73.

DWC finds that the requester is entitled to reimbursement in the total amount of $117.40 for the services in dispute rendered on May 1, 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 the amount of $117.40 is due.

ORDER

Under Texas Labor Code §§413.031, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Arch Indemnity Insurance Co. must remit to Peak Integrated Healthcare, $117.40 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		July 23, 2025
Signature	Medical Fee Dispute Resolution Officer	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.