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
Accident Fund National Insurance

MFDR Tracking Number
M4-25-3016-01

Carrier's Austin Representative
Box Number 06

DWC Date Received
July 22, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 3, 2025	99080-73	$15.00	$15.00
April 3, 2025	99213	$193.79	$193.79
	Total	$208.79	$208.79

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a copy of their request for reconsideration dated June 10, 2025 and July 22, 2025 that states, "After reconsideration we were again denied stating 'after mmi not covered an wc jurisdictional fee adjustment.' We disagree."

Supplemental response: "We have not been paid."

Amount in Dispute: $208.79

Respondent's Position

"After review of the dispute Accident Fund is electing to pay the disputed amount of $208.79 for Dr. Kindley's services. For this reason, Accident Fund requests that this dispute be withdrawn or dismissed once payment is confirmed to have been received."

Response submitted by: Stone Loughlin Swanson

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 reimbursement guidelines for professional medical services.

Denial Reasons

- 01 (P12) – The charge for the procedure exceeds the amount indicated in the fee schedule.
- 5090 – Services after Maximum Medical Improvement Date are not covered.
- TX P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Did the insurance carrier make a payment for the disputed services?
2. What rules are applicable to reimbursement?
3. Is the requester entitled to payment of disputed services?

Findings

1. The requester submitted a request for MFDR seeking reimbursement of professional medical services rendered in April 2025. The insurance carrier (Accident Fund National Insurance) submitted evidence of a payments made of $208.79 however, these documents indicate dates of service not in dispute. Insufficient evidence found to support payment made for the disputed date of service April 3, 2025.
2. DWC Rule 28 TAC §134.203 states in pertinent part, "(c) 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...
(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..."

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR. In this instance,

- The DWC Conversion Factor is 70.18
- The DWC Conversion Factor is 32.3465
- The CMS Physician fee schedule allowable for Garland, Tx (0441211) is $89.32
- 70.18/32.3465 x $89.32 = $193.79

The requester is also seeking $15.00 for code 99808-73. DWC Rule §129.5 (e)(g)(j) states,

(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; and
(1) on the schedule requested by the insurance carrier, its agent, or the employer requesting the report through its insurance carrier, which shall not exceed one report every two weeks and which shall be based upon the doctor's, delegated physician assistant's, or delegated advanced practice registered nurse's scheduled appointments with the injured employee.

(g) In addition to the requirements under subsection (e) of this section, the treating doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report with the insurance carrier, employer, and injured employee within seven days of the day of receipt of:
(1) functional job descriptions from the employer listing available modified duty positions that the employer is able to offer the injured employee as provided by §129.6(a) of this title (relating to Bona Fide Offers of Employment); or
(2) a required medical examination doctor's Work Status Report that indicates that the injured employee can return to work with or without restrictions.

(j) ...The amount of reimbursement shall be $15. A doctor, delegated physician assistant, or delegated advanced practice registered nurse 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.

The work status report submitted with this request for MFDR indicates the date the injured worker could return to work without restrictions. Based on this information a change in work status has occurred and the requester is due $15.00.

3. The information reviewed with this dispute does not support the disputed date of service of April 3, 2025 had been reimbursed by Accident Fund National Insurance. The MAR is $193.79, this amount is recommended. Additionally, the requester submitted a work status report indicating a change in work status. The allowable of $15.00 is recommended. The total recommended payment due to the requester is $208.79.

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 additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement for the disputed services. . It is ordered that respondent must remit to 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 24, 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.