



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Peak Integrated  
Healthcare

**Respondent Name**

Everest Premier Insurance Co

**MFDR Tracking Number**

M4-25-3292-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

August 15, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 27, 2024	99080-73	\$15.00	\$0.00
June 27, 2024	99213	\$185.89	\$0.00
July 18, 2024	99213	\$185.89	\$0.00
July 18, 2024	99080-73	\$15.00	\$0.00
August 29, 2024	99213	\$185.89	\$185.89
August 29, 2024	99080-73	\$15.00	\$0.00
September 26, 2024	99213	\$185.89	\$185.89
September 26, 2024	99080-73	\$15.00	\$0.00
October 24, 2024	99213	\$185.89	\$185.89
October 24, 2024	99080-73	\$15.00	\$0.00
November 21, 2024	99213	\$185.89	\$185.89
November 21, 2024	99080-73	\$15.00	\$0.00
<b>Total</b>		<b>\$1,205.34</b>	<b>\$743.56</b>

### 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 12, 2025 and August 15, 2025 that states, "After reconsideration we received only payment for the 6/10/2024. ...the only response was a denial for the 11/21/2024, stating claim denied. All others, 06/27, 07/18, 08/29, 09/26,

10/24/2024 received no response of denial or payment.”

**Amount in Dispute:** \$1,205.34

### **Respondent's Position**

The Austin carrier representative for Everest Premier Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on August 18, 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 §124.2](#) sets out the requirements of insurance carrier notification.
3. [28 TAC 134.203](#) sets out the reimbursement guidelines for professional services.
4. [28 TAC §129.5](#) sets out the reimbursement guidelines for work status reports.

#### Denial Reasons

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

- 133 – The disposition of this service line is pending further review.
- AI – Claim/service denied.
- 3 – Disputed claim.
- W3 – TDI Level 1 Appeal means a request for reconsideration under 133,250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title.

#### Issues

1. Did the requester waive the right to medical fee dispute resolution?
2. Is the requester's statement regarding claim not processed supported?
3. Did the respondent support the denials listed on the explanation of benefits?
4. What rule is applicable to reimbursement?
5. Is the requester due payment for work status reports?
6. Is the requester entitled to reimbursement?

### Findings

1. The requester is seeking payment for professional medical services rendered from June 27, 2024 to November 21, 2024. For the following dates of service timeliness of the request for MFDR exits.
  - June 27, 2024
  - July 18, 2024

DWC Rule 28 TAC §133.307(c)(1) states:

"Timeliness. A requester shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

(B) A request may be filed later than one year after the date(s) of service if:

- (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requester receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
- (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requester received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or
- (iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The dates of the service in dispute are June 27, 2024 and July 18, 2024. The request for medical dispute resolution was received at the Division on August 15, 2025.

Review of the submitted documentation found insufficient evidence to support an exception as detailed above. The requester has waived their right to MFDR for dates of service June 27, 2024 and July 18, 2024. The remaining dates of service will be reviewed per applicable fee guideline.

2. The requester indicated on their submitted documentation, "All others, 06/27, 07/18, 08/29, 09/26, 10/24/2024 received no response of denial or payment" Review of the information submitted to MFDR found explanation benefits from the carrier (ESIS) that denied the claims as pending further review, service denied, and disputed claim. The requester's position is not supported.
3. The disputed services were denied as disputed claim. DWC Rule 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).

DWC Rule 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 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."

Review of the submitted information 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 insurance carrier's denial reason is therefore not supported. Furthermore, because the respondent failed to meet the requirements of Rule §133.307(d)(2)(H) regarding notice of issues of extent of injury, the respondent has waived the right to raise such issues during dispute resolution.

Consequently, the division concludes there are no outstanding issues of compensability, extent, or liability for the injury. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

4. DWC Rule 28 Texas Administrative Code §134.203(c)(1) states, To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...
  - (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 2024 WC Conversion Factor is \$67.81
- The 2024 Medicare Conversion Factor is \$33.2875
- The CMS allowable for location code 0041211 (Garland zip code 75043) is \$91.25
- $67.81/33.2875 \times \$91.25 = \$185.89$

5. The requester is also seeking \$15.00 for code 99808-73. DWC Rule 28 TAC §129.5 (e)(g) states, 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.

Review of the submitted DWC073 for date of service August 29, 2024, September 26, 2024, October 24, 2024, and November 24, 2024 found no change in work status or activity restrictions. No payment is recommended.

6. Review of the information submitted with this MFDR request found the professional medical services were denied as the claims were being investigated and disputed. Insufficient evidence was found to support this denial, and the respondent submitted no position statement or further documentation in support of this denial.

The request for MFDR for dates of service June 27, 2024 and July 18, 2024 were over one year from the date of service as they were received August 15, 2025.

The requester is due reimbursement for the office visits for dates of service August 29, 2024, September 26, 2024, October 24, 2024 and November 21, 2024 in the amount of \$185.89 each. The work status reports for these dates of service do not indicate sufficient information to support payment is due. Total reimbursement due  $\$185.89 \times 4 = \$743.56$ . This amount is 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.

DWC finds the requester has established that reimbursement is due.

### Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is not entitled to additional reimbursement for the disputed services. It is ordered that Everest Premier Insurance Co must remit to Peak Integrated Healthcare \$743.56 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

### Authorized Signature

_____	_____	November 21, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).