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

General Information

Requester Name
Workers Clinic Inc – Daniel Beltran, D.C.

Respondent Name
United Wisconsin Insurance Company

MFDR Tracking Number
M4-26-0016-01

Carrier's Austin Representative
Box Number 6

DWC Date Received
September 2, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Findings
February 6, 2025	99214-25	$310.00	$263.96

Requester's Position

"The original claim and subsequent corrected claims were denied, despite supporting documentation being provided. On May 8, 2025, and again on July 10, 2025, our office submitted corrected claim appeals clarifying that the compensable diagnosis is the [redacted] area, which is consistent with the approved body part for this claim."

Amount in Dispute: $310.00

Respondent's Position

"We have received a request for medical fee dispute resolution for date of service 2/6/25 in the amount of $310.00. We are upholding our original denial due to service denied as body part is not accepted as part of the claim."

Response Submitted by: CompIQ Solutions

Findings and Decision

Authority

This medical fee dispute is dismissed pursuant to 28 Texas Administrative Code §133.307 (f)(3) 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.

Denial Reasons

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

- A1 – Claim/service denied.
- CIQ378 - This appeal is denied as we find the original review reflected the appropriate allowance for the service rendered. We find that no additional recommendation is warranted at this time.
- NLA105 - Service denied as body part is not accepted as part of the 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.
- N-1 - Previous gross recommended payment amount on line: $0; Previous recommended payment amount on line: $0;

Issues

1. Did the insurance carrier submit a copy of a PLN in support of the denial reason?
2. Is the requester entitled to reimbursement?

Findings

1. The requester seeks reimbursement for office visit billed under CPT code 99214. The insurance carrier denied the disputed service with denial code "NLA105 - Service denied as body part is not accepted as part of the claim".

   28 TAC §133.307(d)(2)(H), "Responses. Responses to a request for MFDR must be legible and submitted to the division and to the requester in the form and manner prescribed by the division… (H) If the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier must attach any related Plain Language Notice in accordance with §124.2 of this title (concerning Insurance Carrier Reporting and Notification Requirements)."

Review of the documentation submitted by the parties, finds that the carrier did not provide documentation to the Division to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H).

The respondent did not submit information to MFDR, sufficient to support that the PLN had ever been presented to the requester or that the requester had otherwise been informed of PLN prior to the date that the request for medical fee dispute resolution was filed with the DWC; therefore, the DWC finds that the compensability denial was not timely presented to the requester. Because the service in dispute does not contain an unresolved compensability issue, this matter is eligible for adjudication of a medical fee under 28 TAC §133.307. For that reason, this matter is addressed pursuant to the applicable rules and guidelines.

2. The requester is seeking reimbursement in the amount of $310.00 for CPT Code 99214 rendered on February 6, 2025.
    - CPT Code 99214 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 moderate level of medical decision making."
    - The American Medical Association (AMA) CPT Code and Guideline Changes, effective January 1, 2021, can be found at: https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf. In summary, CPT 99214 documentation must contain all two out of three of the following elements: 1) moderate level of number and complexity of problems addressed 2) moderate level of amount and/or complexity of data to be reviewed and analyzed 3) moderate risk of morbidity/mortality of patient management OR must document 30-39 minutes of total time spent on the date of patient encounter.
    - An interactive E&M scoresheet tool is available at: https://www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet
    - A review of submitted medical documentation finds that a moderate level of MDM was met in the elements of 1) number and complexity of problems addressed 2) moderate level of amount and/or complexity of data to be reviewed and analyzed. Submitted medical record shows no documentation of time spent on date of encounter. For these reasons, medical documentation submitted did meet AMA criteria for reimbursement of CPT code 99214.
    - The division finds that the requester is entitled to reimbursement for CPT code 99214 rendered on February 6, 2025.

28 TAC §134.203(c)(1) states, "…To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification…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 $53.68…"

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- 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 78229; the locality is "Rest of Texas."
- The Medicare Participating amount for CPT code 99214 at this locality is $121.66.
- Using the above formula, the DWC finds the MAR is $263.96.
- The requester seeks $310.00.
- The respondent paid $0.00.
- Reimbursement of $263.96 is recommended for date of service February 6, 2025.

The DWC finds that the requester is entitled to reimbursement for the disputed services. As a result, $263.96, is due

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.

The DWC finds the requester has established that additional reimbursement of $263.96 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement. It is ordered that the respondent must remit to the requester $263.96 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	October 13, 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, 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.