



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Peak Integrated Healthcare

Respondent Name

Arch Indemnity Insurance Company

MFDR Tracking Number

M4-26-0050-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 2, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 27, 2025	97545-WH	\$102.40	\$0.00
February 27, 2025	97546-WH	\$102.40	\$0.00
February 28, 2025	97545-WH	\$102.40	\$0.00
February 28, 2025	97546-WH	\$102.40	\$0.00
March 4, 2025	99213	\$193.79	\$193.79
March 4, 2025	99080-73	\$15.00	\$0.00
March 20, 2025	97545-WH	\$102.40	\$0.00
March 20, 2025	97546-WH	\$102.40	\$0.00
Total		\$823.19	\$193.79

Requester's Position

“** AFTER RECONSIDERATION WE WERE AGAIN DENIED PAYMENT, (ALL EXCEPT FOR 2/28/25 DOS WHICH WE RECEIVED NO RESPONSE FOR,) FOR AUTHORIZED SERVICES FOR A COMPENSABLE INJURY ,STATING EXACT DUPLICATE AND PREVIOUSLY PAID. WE DISAGREE AND HAVE ATTACHED THE WH AUTHORIZATION FOR YOUR REFERENCE.** ... The original bills were sent well before the time limit of 95 days for filing as demonstrated on the 2 forms of proof attached.”

Amount in Dispute: \$823.19

Respondents' Position

"We are attaching a copy of the carriers EORs. The carrier's position remains consistent with the denials identified on the carrier's EORs. The provider is not entitled to any reimbursement."

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 §134.230](#) sets out the reimbursement guidelines for work hardening programs.
4. [28 TAC §129.5](#) sets out the procedure for reporting and billing work status reports.

Denial Reasons

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

- 247– A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service.
- N11 – No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.
- 5085 – Payment is denied as the billed diagnosis is not allowed in this claim.
- 96 – Non-covered charge(s).
- N569 – Not covered when performed for the reported diagnosis.
- Note: Payment is denied as the billed diagnosis is not allowed in this claim.
- 5264 – Payment is denied-services not authorized.
- 197 – Payment denied/reduced for absence of precertification/authorization.

Issues

1. Is the requester entitled to reimbursement for CPT code 99080-73 (Work Status Report) rendered on March 4, 2025?
2. Is the requester entitled to reimbursement for the office visit provided on March 4, 2025?
3. Are the insurance carriers denial reason codes; 5085, 96, N569, and Note: Payment is denied as the billed diagnosis is not allowed in this claim, supported by the evidence?
4. Is the requester entitled to reimbursement for the work hardening services provided on February 27, 2025; February 28, 2025, and March 20, 2025?
5. Is the requester entitled to reimbursement for the office visit; and work hardening services?

Findings

1. The requester billed for a Work Status Report under CPT code 99080-73, rendered on March 4, 2025. The insurance carrier denied reimbursement citing lack of authorization. According to 28 TAC §134.600, work status reports do not require preauthorization, although they may be subject to retrospective review.

Review of the documentation submitted shows that the March 4, 2025, work status report does not meet the criteria outlined in 28 TAC §129.5, including the documentation of a substantial change in activity restrictions or a change in work status. Therefore, the DWC finds that the requester is not entitled to reimbursement for CPT code 99080-73.

2. The requester billed CPT code 99213 for an office visit on March 4, 2025, which was denied by the insurance carrier based on lack of preauthorization. Per 28 TAC §134.600, preauthorization is not required for office visits, although they are subject to retrospective review.

Review of the submitted documentation confirms that the provider met the documentation requirements for billing CPT code 99213. Based on 28 TAC §134.203 and applicable Medicare payment policies, the Maximum Allowable Reimbursement (MAR) is calculated as follows:

- DWC Conversion Factor (2025): 70.18
- Medicare Conversion Factor (2025): 32.3465
- Medicare Participating Amount for CPT 99213: \$89.32
- MAR Formula: $(70.18 / 32.3465) \times 89.32 = \193.79

As the insurance carrier paid \$0.00, the DWC finds the requester is entitled to reimbursement in the amount of \$193.79 for CPT code 99213.

3. The insurance carrier denied work hardening services using the following denial codes:
 - 5085 – Billed diagnosis not allowed in this claim
 - 96 – Non-covered charge(s)
 - N569 – Not covered for the reported diagnosis
 - Note – Billed diagnosis not allowed in this claim

Under 28 TAC §133.305(b), if a dispute over compensability, extent of injury, relatedness, or liability exists, it must be resolved before a medical fee dispute is addressed. Per 28 TAC §133.307(d)(2)(H), the carrier must show that a Plain Language Notice (PLN) was issued and received by the provider.

Review of the documentation finds that the carrier did not provide sufficient evidence that a PLN was filed or that the provider was notified prior to the dispute. As such, there is no unresolved issue regarding compensability or relatedness that would prevent resolution of the fee dispute.

Therefore, the denial reason codes are not supported by the evidence, and the disputed services are eligible for reimbursement under the applicable rules and guidelines.

4. The requester billed CPT codes 97545-WH and 97546-WH for work hardening services on the above dates. No "CA" modifier was used, indicating that the program is non-CARF-accredited, which entitles the provider to 80% of the MAR as per 28 TAC §134.230.

Reimbursement Rate for Non-CARF Program: \$51.20/hour

Date of Service	CPT Code	Units	MAR \$51.20/hr.	Paid	Sought Amount	Due
February 27, 2025	97545-WH	1(2 hours)	\$102.40	\$102.40	\$102.40	\$0.00
February 27, 2025	97546-WH	2	\$102.40	\$102.40	\$102.40	\$0.00
February 28, 2025	97545-WH	1(2 hours)	\$102.40	\$102.40	\$102.40	\$0.00
February 28, 2025	97546-WH	2	\$102.40	\$102.40	\$102.40	\$0.00
March 20, 2025	97545-WH	1(2 hours)	\$102.40	\$102.40	\$102.40	\$0.00
March 20, 2025	97546-WH	2	\$102.40	\$102.40	\$102.40	\$0.00
Total			\$614.40	\$614.40	\$614.40	\$0.00

The DWC finds the requester is not entitled to additional reimbursement for the work hardening services rendered on February 27, 28, 2025 and March 20, 2025, as the insurance carrier issued full payment under check No. 106703460, dated September 23, 2025, after the submission of the medical fee dispute.

5. Based on the findings above, reimbursement is recommended as follows:

- Office Visit (CPT 99213): \$193.79
- Work Status Report (99080-73): \$0.00
- Work Hardening Services: \$0.00
- Total Reimbursement Due: \$193.79

The DWC finds that the requester has established entitlement to reimbursement of \$193.79 for the office visit rendered on March 4, 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 of \$193.79 is due.

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 \$193.79 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	October 9, 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 electrónico CompConnection@tdi.texas.gov.