TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name
Texas Tech University Health Sciences Center

Respondent Name
State Office of Risk Management

MFDR Tracking Number
M4-26-0076-01

Carrier's Austin Representative
Box Number 45

DWC Date Received
September 9, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 3, 2024	99213	$155.00	$0.00
December 3, 2024	73130	$74.00	$0.00
	Total	$229.00	$0.00

Requester's Position

"Nathan Baruch is a resident in our teaching facility. He is not a licensed practicing physician, he has a learning permit. According to our medical records, Dr. Brendan Mackay 'saw and examined the patient.' He also 'discussed with the resident and agreed with the resident's findings' and was the one to perform the injection. Dr. Mackay was also the provider who signed the note along with the resident."

Amount in Dispute: $229.00

Respondent's Position

"The Office reviewed the medical record and determined that the services were provided by a resident, who is a non-licensed provider billing under the teaching doctor. Review of Medicare policies, teaching physicians must identify residents assisting in patient care and services on a

claim and must include modifier GC for each service that is provided unless the service is under the primary care exception. The GE modifier must be utilized for each service provided under the primary care exception (Exhibit B). The medical billing submitted by the requester did not include the modifiers identifying that the physician providing services was a resident assisting in patient care."

Response Submitted by: State Office of Risk Management

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code (TLC) §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) §133.305 sets out the procedures for resolving medical disputes.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.203 sets out the fee guideline for professional medical services.
4. 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.

Denial Reasons

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

- B20 – Payment adjusted because procedure/service was partially or fully furnished by another provider.
- Pursuant to rule 133.20, please rebill with the rendering physician's name in box 31; attached report identifies service performed by MD Nathan Baruch.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- W3 – Reporting purposely only.
- Nathan Brunch [sic] (Baruch) is who rendered the services for the x-ray.
- Nathan Baruch is who rendered the services for the office visit.

Issues

1. Is the insurance carrier's denial supported?
2. Is the requester entitled to reimbursement?

Findings

1. This dispute pertains to the non-payment of an office visit and radiology service rendered on

December 3, 2024, and billed under CPT codes 99213 and 73130. The requester is seeking reimbursement in the amount of $229.00. Using the previously mentioned denial codes, the insurance carrier audited and rejected the disputed services.

28 TAC §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

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."

Per Medicare Claims Processing Manual Chapter 12,100.1.8 (B), states, "Billing Modifiers - Effective January 1, 1997, services furnished by teaching physicians involving a resident in the care of their patients must be identified as such on the claim. To be payable, claims for services furnished by teaching physicians involving a resident must comply with the requirements in sections 100.1 through 100.1.6 of this chapter, as applicable. Claims for services meeting these requirements must show either the GC or GE modifier as appropriate and described below."

Modifier GC - *This service has been performed in part by a resident under the direction of a teaching physician. Submit this modifier with services that were performed by a resident in a teaching facility under the direction of a teaching physician.*

Modifier GE - *This service has been performed by a resident without the presence of a teaching physician under the primary care exception.*

A review of the provided documentation finds that the medical bill submitted by the requester did not include the required modifiers for residents performing services. Therefore, the insurance carrier's denial is supported.

2. 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…"

    - 99213 – 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. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

    - 73130 - X-ray exam of hand.

After review of submitted documentation DWC found insufficient evidence to support the requester submitted a claim with the required modifiers. The DWC finds that the requester is not entitled to reimbursement for the disputed services.

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 not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031, the Division has determined the requester is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		October 15, 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, 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.