



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Kevin James, MD

Respondent Name

WC Solutions

MFDR Tracking Number

M4-26-0170-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

September 17, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 12, 2024	99214	\$295.00	\$0.00
March 12, 2024	72110	\$121.00	\$0.00
August 1, 2024	99214	\$295.00	\$0.00
August 7, 2024	64483	\$1,104.00	\$0.00
August 7, 2024	64484	\$440.00	\$0.00
October 8, 2024	99214	\$295.00	\$261.32
December 10, 2024	99214	\$295.00	\$261.32
Total		\$3,140.00	\$522.64

Requester's Position

"Pursuant to Rule 127.10, the Dd report w/given presumptive weight on the issue or issues. The DD was properly appointed. Please reprocess for payment as the PLN occurred before the DD exam. Thee DD supersedes the PLN-11."

Amount In Dispute: \$3,140.00

Respondent's Position

The Austin carrier representative for WC Solutions is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on September 19, 2025. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information.

As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC Section 133.305](#) sets out the procedures for resolving medical disputes.

Adjustment Reasons

1. 219 – Based on extent of injury.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the extent of injury denial reason supported?
3. Is the requester entitled to reimbursement for service dates, October 8, 2024 and December 10, 2024?

Findings

1. The requester seeks reimbursement for medical services provided on March 12, 2024 to December 10, 2024. According to 28 TAC §133.307(c)(1), a request for Medical Fee Dispute Resolution (MFDR) must be submitted no later than one year after the date of the disputed service, except in certain limited circumstances outlined in subsection (B) of the same provision.

Specifically, 28 TAC §133.307(c)(1)(B) allows for a later filing if one of the following conditions applies:

- (i) A related dispute concerning compensability, extent of injury, or liability under Labor Code Chapter 410 has been filed. In such cases, the medical fee dispute must be submitted within 60 days after the requester receives the final decision on compensability, extent of injury, or liability, including all appeals.
- (ii) A dispute regarding medical necessity has been filed. Here, the medical fee dispute must be filed within 60 days after the requester receives the final decision on medical necessity, including all appeals, for the specific health care services in question that were previously denied by the insurance carrier based on medical necessity.
- (iii) The dispute arises from a refund notice issued following a division audit or review. In this situation, the medical fee dispute must be filed within 60 days after the requester receives the refund notice.

In this case, the services were provided on March 12, 2024; August 1, 2024; August 7, 2024; and August 27, 2024. The Division received the MFDR request on September 27, 2025, which is more than one year after the date(s) of service. Upon review of the documentation provided, there is no indication that the dispute falls within any of the exceptions described in 28 TAC §133.307(c)(1)(B).

The Division finds the requester has not established that reimbursement is due for service dates March 12, 2024; August 1, 2024; August 7, 2024; and August 27, 2024.

The requester also seeks payment for office visits (CPT codes 99214) provided on October 8, 2024 and December 10, 2024. These dates of service were filed timely and therefore eligible for medical fee dispute resolution review.

2. A review of the submitted documentation finds that the insurance carrier denied the office visit billed under CPT code 99214, rendered on October 8, 2024 and December 10, 2024. The workers' compensation carrier denied payment on the grounds of an unresolved dispute regarding the extent of injury.

According to 28 TAC Section [133.305](#)(b), if a dispute over the extent of injury exists for the same service involved in a medical fee dispute, that issue must be resolved before the fee dispute can be addressed. Additionally, 28 TAC Section [133.307](#)(d)(2)(H) requires the insurance carrier to provide evidence that a Plain Language Notice (PLN) regarding the disputed injury conditions was filed and sent to the requester, or that the requester had actual notice of the PLN prior to submitting the fee dispute.

A review of the documentation indicates the respondent failed to provide sufficient evidence demonstrating that a PLN was filed or communicated to the requester. There is also no documentation establishing that the requester had prior notice of the PLN. Accordingly, the documentation does not support the existence of an unresolved extent of injury issue for the services in question. Therefore, the disputed services provided on October 8, 2024 and December 10, 2024 are eligible for resolution under the applicable rules and guidelines.

3. The requester is seeking reimbursement in the amount of \$295.00 for each service date of October 8, 2024 and December 10, 2024. Because the insurance carrier's denial reasons are not supported, the requester is entitled to reimbursement. To determine reimbursement for office visits the division applies 28 TAC Section [134.203](#).

28 TAC Section [134.203](#) (b)(1) requires participants in the Texas workers' compensation system to apply Medicare payment policies for coding, billing, reporting, and reimbursement of professional medical services. This includes the application of coding guidelines, correct coding initiatives (CCI) edits, modifiers, and adjustments for health professional shortage areas and physician scarcity areas in effect on the date of service.

Specifically, 28 TAC Section [134.203](#) requires participants to apply the Medicare payment policies with minimal modifications, to determine the Maximum Allowable Reimbursement (MAR) for professional services. Conversion factors for various service categories and settings (e.g., Evaluation & Management, Surgery in office or facility settings) are established for each calendar year and adjusted annually using the Medicare Economic Index (MEI).

The MAR is calculated as follows:

$$\text{MAR} = (\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment}$$

- Service dates: October 8, 2024 and December 10, 2024.
- The 2024 DWC Conversion Factor is 67.81
- The 2024 Medicare Conversion Factor is 33.2875
- Per the medical bills, the services were rendered in zip code 76092; "Fort Worth"

The Medicare Participating amount for CPT code 99214 at this locality is \$128.28.

- Using the above formula, the DWC finds the MAR is \$261.32.
- The respondent paid \$0.00.
- Reimbursement of \$261.32 is recommended for each date for a total MAR of \$522.64.

Because the insurance carrier's denial reasons are not supported, the requester is entitled to reimbursement in the amount of \$522.64. This amount is recommended for service dates October 8, 2024 and December 10, 2024.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented 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 Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that respondent must remit to requester \$522.64 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

_____	_____	January 23, 2026
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 Section [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 800-252-7031, option three 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 this Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.