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

Requester Name
Peak Integrated Healthcare

Respondent Name
Atlantic Specialty Ins Co

MFDR Tracking Number
M4-26-0205-01

Carrier's Austin Representative
Box Number 29

DWC Date Received
September 22, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 30, 2025	99213	$193.79	$193.79
April 30, 2025	99080-73	$15.00	$15.00
May 14, 2025	99213	$193.79	$193.79
May 14, 2025	99080-73	$15.00	$15.00
	Total	$417.58	$417.58

Requester's Position

"After reconsideration we again received no response to our reconsiderations for these two dates of service. On both of the previous reconsiderations one bill was paid. While one bill was given no payment or reason for denial. We disagree that these twice submitted bills should not be paid in full. We have attached documentation of office visits and have no record of payment/or denial for these dates of services."
Amount in Dispute: $417.58

Respondent's Position

The Austin carrier representative for Atlantic Specialty Ins Co is Dean G Pappas Law Firm LLC. Dean G Pappas Law Firm LLC was notified of this medical fee dispute on September 23, 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 §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 §129.5 sets out the fee guidelines for the DWC73 reports.

Denial Reasons

Neither party submitted an explanation of benefits (EOBs) for consideration in this dispute. Accordingly, the review is based on the information available at the time of the review.

Issues

1. Did respondent take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is the requester entitled to reimbursement for CPT Code 99213?
3. Is the requester entitled to additional reimbursement for CPT Code 99080-73?

Findings

1. The requester is seeking reimbursement for CPT codes 99213 and 99080-73 for dates of service April 30, 2025 and May 14, 2025. Review of the submitted documents by the requester found no copies of any EOBS.

   TAC §133.240 (a) states, "An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended as a result of a pending request for additional documentation."

   The insurance carrier did not respond to the Medical Fee Dispute Resolution (MFDR) request. Additionally, no evidence was provided to demonstrate that the insurance carrier took final action on the bill for the service in question. Based on the greater weight of evidence presented, the DWC finds that the bill for these services was submitted to the insurance carrier or its agent.

2. The requester is seeking reimbursement in the amount of $193.79 for CPT Code 99213 rendered on April 30, 2025 and May 14, 2025.

   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."

- CPT Code 99213 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 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."
- A review of the medical documentation finds that the requester supported the level of service billed.

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 service dates are April 30, 2025 and May 14, 2025.
- 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 75043; the locality is "Dallas."
- The Medicare Participating amount for CPT code 99213 at this locality is $89.32.
- Using the above formula, the DWC finds the MAR is $193.79.
- The requester seeks $193.79.
- The respondent paid $0.00.
- Reimbursement of $193.79 is recommended for dates of service April 30, 2025 and May 14, 2025 for a total recommended amount of $387.58.

The DWC finds that the requester is entitled to reimbursement for the disputed services. As a result, $387.58, is due.

3. The requester seeks reimbursement in the amount of $15.00 for CPT code 99080-73 rendered on April 30, 2025 and May 14, 2025.

TAC §129.5 (j)(1) states, "…The amount of reimbursement shall be $15. A doctor, delegated physician assistant, or delegated advanced practice registered nurse shall not bill in excess of $15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not

reimbursable under this section. Doctors, delegated physician assistants, or delegated advanced practice registered nurses are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors, delegated physician assistants, or delegated advanced practice registered nurses billing for Work Status Reports as permitted by this section shall do so as follows: (1) CPT code "99080" with modifier "73" shall be used when the doctor, delegated physician assistant, or delegated advanced practice registered nurse is billing for a report required under subsections (e)(1), (e)(2), and (g) of this section."

A review of the submitted documentation finds the following:

The DWC 73 rendered on April 30, 2025 and May 14, 2025, met the documentation requirements outlined in 28 TAC §129.5.

The DWC finds that the requester is therefore entitled to reimbursement of $15.00 for CPT Code 99080-73 for each disputed date of service, for a total recommended amount of $30.00.

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 reimbursement of $417.58 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 $417.58 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		December 19, 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 electronico CompConnection@tdi.texas.gov.