



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Kyle Jones, M.D.

Respondent Name

Hartford Insurance Co. of Illinois

MFDR Tracking Number

M4-26-0269-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

September 25, 2025

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| July 23, 2025 | 90471 | \$41.78 | \$0.00 |
| July 23, 2025 | 90714 | \$90.00 | \$0.00 |
| Total | | \$131.78 | \$0.00 |

Requester's Position

"A tetanus vaccine was necessary for his [the injured employee] injury. The EOR received said the documentation 'does not support billed charge' and 'lacks information' for the tetanus vaccine (CPT 90714) and administration (CPT 90471-51). A reconsideration was sent on 8/19 pointing out that the note documented this well. Payment was denied again – 'Original payment decision is being maintained.' We are requesting payment of this vaccination and administration and feel this was documented well in the medical note and was necessary for his care."

Amount in Dispute: \$131.78

Respondent's Position

"Tetanus and Diphtheria Vaccinations Billing Guidelines allow both codes to be billed when the vaccine(s) is part of a therapeutic regimen of an injury. Both the vaccination (90714) and the administration (90471) are billable together. The bill was reprocessed on 9/30/25 under control number ... and paid per fee in the amount of \$74.14."

Response Submitted by: The Hartford

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.

Adjustment Reasons

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

- 16 – CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR AOJUDICATION.
- 943 - DOCUMENTATION DOES NOT SUPPORT BILLED CHARGE. NO RECOMMENDATION OF PAYMENT CAN BE MADE.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- W3 – BILL IS A RECONSIDERATION OR APPEAL.
- P12 - -WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 1001 - BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE, ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.
- 2008 - ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.

Issues

1. Has the requester been allowed reimbursement for the services in dispute after DWC received the request for Medical Fee Dispute Resolution (MFDR)?
2. What rules apply to the billing and reimbursement of the disputed services?
3. Is the Requester entitled to additional reimbursement?

Findings

1. DWC received this request for MFDR, tracking number M4-26-0269-01, on September 25, 2025, in accordance with 28 TAC §133.307. The submitted DWC060 Medical Fee Dispute Resolution Request form indicates that the disputed procedure codes, 90471 and 90714, had received reimbursements in the amount of \$0.00 each at the time of the request for MFDR.

The insurance carrier submitted its response dated October 3, 2025, which included an explanation of benefits (EOB) document dated September 30, 2025. A review of the EOB dated September 30, 2025, finds that reimbursement has been allowed in the amount of \$35.50 for disputed procedure code 90471 and in the amount of \$38.64 for disputed procedure code 90714.

DWC finds that the services in dispute have been allowed a total reimbursement amount of \$74.14 as of the date of this review.

2. This dispute involves professional medical services rendered on July 23, 2025. DWC finds that 28 TAC §134.203 which sets out the fee guideline for professional medical services, applies to the billing and reimbursement of the services in dispute.

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."

3. The requester is seeking reimbursement in the total amount of \$131.78 for services rendered on July 23, 2025. As indicated in finding number one, the disputed services have been reimbursed a total amount of \$74.14 as of the date of this review. DWC will calculate the maximum allowable reimbursement (MAR) in accordance with 28 TAC §134.203 to determine if additional reimbursement is due.

CPT code 90471 is described as "Initial Vaccine Administration (via Injection)".

DWC finds that 28 TAC §134.203, which applies to the reimbursement of procedure code 90471, states in pertinent part, "(c) To determine the maximum allowable reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) 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 \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

To determine the MAR the following formula is used:

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

- Date of service was rendered in 2025
- The 2025 DWC Conversion Factor is 70.18

- The 2025 Medicare Conversion Factor is 32.3465
- Per medical bills, the services were rendered in zip code 75462; the Medicare locality is 99.
- The Medicare Participating amount for CPT code 90471 in 2025 at this locality is \$19.25.
- Using the above formula, DWC finds the MAR is \$41.77.
- The insurance carrier paid \$35.50.

Procedure code 90714 is described as "Tetanus and diphtheria toxoids absorbed (Td) preservative free, when administered to individuals 7 years or older, for intramuscular use."

The requester charged \$90.00 for 1 unit of procedure code 90714. As indicated in finding number one, the insurance carrier has allowed reimbursement in the amount of \$38.64 as of the date of this review. DWC will calculate the maximum allowable reimbursement (MAR) in accordance with 28 TAC §134.203 to determine if additional reimbursement is due.

Procedure code 90714 has no published Medicare rate per fee schedule. DWC finds that TAC §134.203(d), which applies to procedure code 90714, states "The MAR for Healthcare Common Procedure Coding System (HCPCS) Level II codes A, E, J, K, and L shall be determined as follows: (1) 125 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule; (2) if the code has no published Medicare rate, 125 percent of the published Texas Medicaid fee schedule, durable medical equipment (DME)/medical supplies, for HCPCS; or (3) if neither paragraph (1) nor (2) of this subsection apply, then as calculated according to subsection (f) of this section."

- The Texas Medicaid published fee for code 90714 on the disputed date of service July 23, 2025, is \$24.90 per unit, this is the base rate.
- 125 percent of the Medicaid rate = \$31.125 per unit.
- The requester billed 1 unit of procedure code 90714. The MAR for 1 unit of the disputed procedure code 90714 is \$31.13.
- The insurance carrier paid \$38.64 for this procedure code.

DWC finds that the total MAR for the disputed procedure codes 90471 and 90714 rendered on July 23, 2025, is \$72.90. Per the submitted EOB dated September 30, 2025, the insurance carrier allowed a total reimbursement amount of \$74.14 for the procedure codes in dispute. Therefore, no additional reimbursement is recommended for the disputed procedure codes 90471 and 90714.

DWC finds that the requester is not entitled to additional reimbursement for the services in dispute rendered on July 23, 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement in the amount of \$0.00 for the services in dispute.

Authorized Signature

| | | |
|-----------|--|-------------------------|
| _____ | _____ | <u>October 17, 2025</u> |
| 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 managing 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 electrónico CompConnection@tdi.texas.gov.