



# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**

David West, DO

**Respondent Name**

Old Republic

**MFDR Tracking Number**

M4-26-0609-01

**Insurance Carrier's Austin Representative**

BOX 44 White Espey PLLC

**DWC Date Received**

November 3, 2025

## Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 21, 2025	99205	\$462.61	\$0.00
<b>Total</b>		\$462.61	\$0.00

## Requester's Position

"Designated doctor required testing. No payment received."

**Amount In Dispute:** \$462.61

## Respondent's Position

The Austin carrier representative for Old Republic is White Espey PLLC. The representative was notified of this medical fee dispute on November 4, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## 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 [134.203](#) sets out the fee guidelines for professional medical services.
3. 28 TAC Section [127.10](#) provides the general procedures for designated doctor examinations.

### Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. 219 – Based on extent of injury.
2. 1014 – The attached billing has been re-evaluated at the request of the provide. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
3. 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
4. 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
5. W3 – Bill is a reconsideration or appeal.
6. OA – Other adjustment.

### Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial based on extent of injury supported?
3. Is the requester entitled to reimbursement?

### Findings

1. The requester is seeking reimbursement in the amount of \$462.61 for an ortho consultation that was referred to by a designated doctor. The insurance carrier denied payment for the disputed date of service with denial codes listed above.
2. The insurance carrier denied payment with denial code, "219 – Based on extent of injury."

28 TAC Section 127.10(c)(2) states, "Payment for additional testing or referrals that the designated doctor has determined are necessary under this subsection must not be denied prospectively or retrospectively, regardless of any potential disagreements about medical

necessity, extent of injury, or compensability.”

DWC finds this denial is not supported.

3. The dispute concerns an evaluation and management service billed under CPT code 99205.

The division finds that 28 TAC Section 133.210(c)(1) applies to reimbursement of CPT code 99205.

28 TAC Section 133.210(c)(1) sets out medical documentation requirements, stating in pertinent part “In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation: the two highest Evaluation and Management office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes...”

28 TAC Section 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.”

The requester seeks reimbursement in the amount of \$462.61 for CPT Code 99205 rendered on January 21, 2025.

- CPT Code 99205 is defined as, “Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.”
- The American Medical Association (AMA) CPT Code and Guideline Changes, effective January 1, 2021, can be found at: <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>. In summary CPT 99205 documentation must contain two out of three of the following elements: 1) high level of number and complexity of problems addressed 2) extensive level of amount and/or complexity of data to be reviewed and analyzed 3) high risk of morbidity/mortality of patient management OR must document 60-74 minutes of total time spent on the date of patient encounter.
- An interactive E&M scoresheet tool is available at: <https://www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet>
- A review of submitted medical documentation finds that a high level of MDM was not met in the elements of 1) extensive amount and complexity of data to be reviewed nor 2) high risk of morbidity/mortality of patient management. Submitted medical record shows no documentation of time spent on date of encounter. For these reasons, medical documentation submitted did not meet AMA criteria for reimbursement of CPT code 99205.

- The division finds that the requester is not entitled to reimbursement for CPT code 99205 rendered on January 21, 2025.

### 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 not established that reimbursement is due.

### **Order**

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 3, 2026  
\_\_\_\_\_  
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).