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

David West DO

Respondent Name

Zurich American Insurance Company

MFDR Tracking Number

M4-26-0697-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

November 11, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
July 22, 2025	99205-95	$481.98	$0.00
	Total	$481.98	$0.00

Requester's Position

"The insurance carrier has not properly paid this claim in accordance with DWC Rules governing the specific services billed."

Amount In Dispute: $481.98

Respondent's Position

The Austin carrier representative for Zurich American Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on November 28, 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.

Adjustment Reasons

1. W3 - Bill is a reconsideration or appeal.
2. 150 – Payment adjusted because the payer deems the information submitted does not support this level of service.
3. 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
4. 275 – The charge was disallowed; as the submitted report does not substantiate the service being billed.
5. B12 – Services not documented in patients' medical records.
6. 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
7. 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
8. 5880 – A corrected claim is needed with the correct code, units, and charges for reconsideration.
9. 9357 – The submitted medical records do not support the medical decision making of the E/M level of service submitted.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rule applies to coding and billing of disputed code?
3. Has DWC found reimbursement is due?

Findings

1. The requester is seeking reimbursement of professional medical services submitted for date of service July 22, 2025 in the amount of $481.98. The insurance carrier denied the claim at the time of adjudication and upon reconsideration based on level of E/M service not

supported.

2. 28 TAC Section 134.203(5) "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 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;…

   The description of 99205 is - 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.

   The ortho consult report for this date of service does not support a high level of medical decision making.

3. Based on the information available at the time of this review, DWC find the insurance carrier's denial is supported. No reimbursement is recommended.

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 12, 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. 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 electronico CompConnection@tdi.texas.gov.