



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Daniel Beltran

Respondent Name

Arch Insurance Company

MFDR Tracking Number

M4-26-0735-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

November 14, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 13, 2025	99214	\$310.99	\$0.00
May 13, 2025	99080	\$525.00	\$0.00
May 20, 2025	97110	\$525.00	\$0.00
May 21, 2025	97110	\$525.00	\$0.00
May 22, 2025	97110	\$525.00	\$0.00
May 26, 2025	97110	\$525.00	\$0.00
May 28, 2025	97110	\$525.00	\$0.00
June 2, 2025	97110	\$525.00	\$0.00
June 4, 2025	97110	\$525.00	\$0.00
June 5, 2025	97110	\$525.00	\$0.00

June 9, 2025	97110	\$525.00	\$0.00
June 11, 225	97110	\$525.00	\$0.00
June 13, 2025	97110	\$525.00	\$0.00
June 16, 2025	97110	\$525.00	\$0.00
June 16, 2025	99214	\$310.00	\$0.00
June 16, 2025	99080	\$15.00	\$0.00
June 18, 2025	97110	\$525.00	\$0.00
June 20, 205	97110	\$525.00	\$0.00
June 23, 2025	97110	\$525.00	\$0.00
June 27, 2025	97110	\$525.00	\$0.00
June 30, 2025	97110	\$525.00	\$0.00
July 2, 2025	97750	\$1440.00	\$0.00
July 3, 2025	99214	\$310.00	\$0.00
July 3, 2025	99080	\$15.00	\$0.00
July 28, 2025	97110	\$525.00	\$0.00
July 30, 2025	97110	\$525.00	\$0.00
July 30, 2025	99214	\$525.00	\$76.63
July 30, 2025	99080	\$525.00	\$0.00
August 4, 2025	97110	\$525.00	\$0.00
August 7, 2025	97110	\$525.00	\$0.00
August 8, 2025	97110	\$525.00	\$0.00
August 11, 2025	97110	\$525.00	\$0.00

September 2, 2025	99214	\$525.00	\$0.00
September 2, 2025	99080	\$525.00	\$0.00
Total		\$15,140.00	\$76.63

Requester's Position

"Although all authorizations on file clearly specify that the compensable body part is (redacted), the assigned adjuster, Kelsey Harris, continues to insist that the compensable are the (redacted). This discrepancy has resulted in the continued denial of properly submitted claims, despite the supporting medical records and the patient's surgical history..."

Supplemental response January 15, 2026

"We acknowledge receipt of partial payment issued for the claimant (injured worker). However, these payments do not resolve the full amount in dispute. ...Because the claims remain unpaid or improperly denied, we respectfully request that the dispute resolution process continue..."

Amount In Dispute: \$15,140.00

Respondent's Position

"Downs Stanford, P.C. has been retained to represent the interest of Arch insurance Company in the above-referenced matter. The Carrier has submitted the medical bills for reaudit. The services in dispute will be paid pursuant to the medical fee guidelines".

Response Submitted By: Downs & Stanford P.C.

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.
3. 28 TAC Section [133.240](#) sets out the procedures for payment, reduction, or denial of a medical bill.
4. 28 TAC Section [134.203](#) sets out the fee guidelines for professional medical services.
5. 28 TAC [134.600](#) sets out the requirements of prior authorization.

6. 28 TAC Section [133.210](#) sets out the requirements for medical bill processing by insurance carrier.

Adjustment Reasons

- 56 – Claim/Service denied because procedure/treatment has not been deemed ‘Proven to be effective’ by the payer.
- P12/90223 – Workers’ compensation fee schedule adjustment.
- 00663 – Reimbursement has been calculated based on the state guidelines.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 150 – Payment adjusted because the payer deems the information submitted does not support this level of service.
- 119 - Benefit maximum for this time period or occurrence has been reached.
- 163 – Claim/service adjusted because the attachment referenced on the claim was not received.
- 197 – Pre-authorization/notification absent.
- B13 – Services not documented in the patients’ medical record.

Issues

1. What is DWC considering in this medical fee dispute?
2. What payment were made by the insurance carrier?
3. Did the insurance carrier change the code for date of service July 30, 2025?
4. Is the reduction of benefit maximum supported by applicable rules/position statement?
5. Did the requester support prior authorization was requested/received for services for physical therapy rendered on August 11, 2025
6. What rules(s) are applicable to disputed services?
7. Is the request for work status report 99080-73 supported by submitted documents?
8. Did the requester submit supporting documentation for code 97750 for date of service July 2, 2025.
9. Is the requester entitled to additional reimbursement?

Findings

1. The requester seeks reimbursement for professional medical services rendered from May 2025 through September 2025 in the amount of \$15,140.00. Although the original denial based on extent of injury was not maintained and the carrier issued payment, the requester continues to seek additional reimbursement and requested to continue with MFDR.
2. The insurance carrier’s payments were reviewed in accordance with applicable rules and fee guidelines. Payments were issued for most services at the Maximum Allowable Reimbursement (MAR) or per fee guideline, as applicable.

May 13, 2025

- 99214 – \$263.96: Payment at MAR. Please see Finding #6 below.
- 99080-73 – \$15.00: Paid per fee guideline. No additional payment is due.

June 16, 2025

- 99214 – \$263.96: Payment at MAR. Please see Finding #6 below.
- 99080-73 – \$0.00: No payment due.

June 18, 2025

- 97110 – \$246.75: Payment at MAR. Please see Finding #6 below.

June 23, 2025

- 97110 – \$246.75: Payment at MAR. Please see Finding #6 below.

July 3, 2025

- 99214 – \$263.96: Payment at MAR. Please see Finding #6 below.
- 99080-73 – \$0.00: No supporting documentation was submitted. No payment is due.

July 30, 2025

- 99214 – \$0.00: Rule 133.210 requires medical documentation to support services rendered. Documentation was not submitted. No payment is due.
- 99213 (submitted as 99214) – \$187.33: The MAR is \$263.96. Additional payment of \$76.63 is due (\$263.96 – \$187.33).
- 99080-73 – \$15.00: Paid per fee guideline. No additional payment is due.
- 99080-73 – \$0.00: Payment was made on December 22, 2025.
- 97110 – \$246.75: Payment at MAR. Please see Finding #6 below.

August 4, 2025

- 97110 – \$246.75: Payment at MAR. Please see Finding #6 below.

September 2, 2025

- 99214 – \$263.96: Payment at MAR. Please see Finding #6 below.
- 99080-73 – \$15.00: Paid per fee guideline. No additional payment is due.

3. The carrier paid CPT 99213 for July 30, 2025, while the submitted medical bill reflects CPT 99214.

Pursuant to 28 TAC Section 133.240(c), an insurance carrier may not change a billing code or reimburse services at another code's value. Therefore, CPT 99214 was reviewed under the applicable fee guideline.

Based on the MAR calculation, additional reimbursement of \$76.63 is due for this date of service.

4. The submitted documentation included prior authorization for physical therapy (CPT 97110)

from May 8, 2025, through August 8, 2025, authorizing 18 visits without unit limitations.

The insurance carrier did not submit documentation supporting a reductions based on maximum benefit. Therefore, this reduction was not considered in this review.

5. Pursuant to 28 TAC Section 134.600(p)(5) physical therapy requires preauthorization.

The submitted documentation did not demonstrate that prior authorization was requested or obtained for CPT 97110 on August 11, 2025.

No payment is recommended for this date of service.

6. MAR was calculated pursuant to 28 TAC Section 134.203(c) using Medicare payment policies with applicable conversion factors.

For 2025:

- (1) DWC Conversion Factor: 70.18

- (2) CMS Conversion Factor: 32.3465

- (3) Resulting MAR calculations were applied accordingly.

- (4) For CPT 97110, Medicare Multiple Procedure Payment Reduction (MPPR) was applied consistent with CMS policy. Based on the applicable locality (Laredo, Texas), reimbursement was calculated in accordance with the required methodology.

For CPT 97110 for dates of service May 13, 2025 through August 11, 2025, Medicare Multiple Procedure Payment Reduction (MPPR) was applied consistent with CMS policy. Based on the applicable locality (Laredo, Texas), reimbursement was calculated in accordance with the required methodology.

The MPPR Rate File that contains the payments for 2025 services is found at <https://www.cms.gov/Medicare/Billing/TherapyServices/index.html>.

The following formula represents the calculation of the DWC MAR at Section 134.203(c)(1) & (2). (DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR.

- MPPR rates are published by carrier and locality.
- The services were provided in Laredo, Texas.
- The carrier code for Texas is 4412 and the locality code for Laredo is 99 (Rest of Texas).

Based on the MPPR the 1st unit of code 97110 receives full reimbursement at \$28.00. The subsequent five units are paid at a reduced payment of \$21.43.

- DWC Conversion factor 70.18
- Medicare Conversion factor 32.3465
- $70.18/32.3465 \times \$28.00 = \60.75
- $70.18/32.3465 \times \$21.43 = \$46.50 \times 4 = \$185.98$
- Total for MAR for each date of service when code 97110 was billed at 5 units = \$246.73

7. The requester is seeking \$15.00 for code 99080-73 for dates of service May 13, 2025, June 16, 2025, July 3, 2025, July 30, 2025 and September 2, 2025. Review of the information

submitted by the insurance carrier supports payment was made for all but July 3, 2025 date of service.

DWC Rule 28 TAC Section 129.5(e) states that the doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report:

- (1) after the initial examination of the injured employee, regardless of the injured employee's work status;
- (2) when the injured employee experiences a change in work status or a substantial change in activity restrictions; and
- (3) on the schedule requested by the insurance carrier, its agent, or the employer requesting the report through its insurance carrier, which shall not exceed one report every two weeks and which shall be based upon the doctor's, delegated physician assistants, or delegated advanced practice registered nurse's scheduled appointments with the injured employee.

Review of the submitted documentation from the insurance carrier found insufficient evidence to support the requirements of the rule shown above. No payment is recommended for 99080-73 for date of service June 16, 2025 or July 3, 2025.

8. The requester seeks reimbursement of code 97750-FC for date of service July 2, 2025. The insurance carrier denied the functional capacity evaluation on December 9, 2025 with denial reduction code B13 – Service not documented in the patient's medical record.

DWC 28 TAC Section 133.210(a-b) states,

- (a) Medical documentation includes all medical reports and records, such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes, hospital records and diagnostic test results.
- (b) When submitting a medical bill for reimbursement, the health care provider shall provide required documentation in legible form, unless the required documentation was previously provided to the insurance carrier or its agents.

The requester did not submit a copy of the functional capacity evaluation billed on July 2, 2025 for consideration in this review. Due to the insufficient evidence the requester is not entitled to reimbursement for this service. The DWC finds that the insurance carrier denial is supported, no payment is recommended.

9. Based on the information available at the time of this review, DWC finds the following dates of service were denied upon reconsideration. July 30, 2025, code 99214 was denied as level of service not supported. DWC Rule 133.307 (2)(M) requires a copy of all applicable medical records related to the date of service in dispute. The submitted documents from the requester contained no medical record in support of this code billed on this date. No payment is recommended.

A review of the physical therapy charges billed under CPT Code 97110 indicates that DWC Rule 133.307(2)(M) requires submission of all applicable medical records related to the

disputed dates of service. The information provided by the requester did not include the required medical records.

Accordingly, the DWC finds that the requester has not established entitlement to reimbursement of \$525.00 for CPT Code 97110 for the following dates of service: May 20–22, 26, and 28, 2025; June 2, 4–5, 9, 11, 13, 16, 20, 27, and 30, 2025; and July 28, and August 7–8, 2025.

As the applicable rule requirements were not met, no payment is recommended for these dates of service.

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 additional reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that Arch Insurance Co must remit to Daniel Beltran \$76.63 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 16, 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 electrónico CompConnection@tdi.texas.gov.