



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Hand & Wrist Center of Houston

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-26-1197-01

**Insurance Carrier's Austin Representative**

BOX 54 Texas Mutual Insurance Co

**DWC Date Received**

December 22, 2025

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
August 7, 2025	11043	\$2,221.00	\$0.00
August 7, 2025	13160	\$2,221.08	\$0.00
<b>Total</b>		<b>\$4,442.08</b>	<b>\$0.00</b>

### Requester's Position

"As clearly stated in the medical record, after personally examining this patient, I have determined that this injured worker's medical condition, indicated by and matching the ICD10 code on the CMS-1500 claim form, was a medical emergency condition on this date of service, as defined in the Texas Administrative Code... Under Texas law, no preauthorization or network participation by me, the medical provider examining and treating the patient, is required when the injured worker is diagnosed with a medical emergency condition(s) such as this patient sustained and for which I rendered the usual, customary, and necessary treatment(s) indicated by CPT code(s) in my medical record and on the CMS-1500 claim form."

**Amount In Dispute:** \$4,442.08

## Respondent's Position

"Payment was issued to Hand and Wrist Center of Houston for date of service 08/07/2025 on 10/24/2025 in the amount of \$2,222.77 on check #[XXXXXXXX]. (EOB attached). CPT code 11043-58-LT was denied by our system with code 435 indicating it is part of comprehensive code 13160-58-LT in accordance with rule 28 TAC 134.203(b)(1). Our position is that no additional payment is due."

**Response Submitted By:** Texas Mutual Insurance Co.

## 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. P12 – Workers' compensation jurisdictional fee schedule adjustment.
2. 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
3. 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
4. W3 & 350 - IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
5. 236 - THIS BILLING CODE IS NOT COMPATIBLE WITH ANOTHER BILLING CODE PROVIDED ON THE SAME DAY ACCORDING TO NCCI OR WORKERS COMPENSATION STATE REGULATIONS/FEE SCHEDULE REQUIREMENTS.
6. DC3 - ADDITIONAL REIMBURSEMENT ALLOWED AFTER RECONSIDERATION.
7. DC4 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER RECONSIDERATION.
8. G14 - PRICING IS CALCULATED BASED ON THE MEDICAL PROFESSIONAL FEE SCHEDULE FACILITY SITE OF SERVICE VALUE.
9. 435 - PER NCCI EDITS, THE VALUE OF THIS PROCEDURE IS INCLUDED IN THE VALUE OF THE COMPREHENSIVE PROCEDURE.

## Issues

1. What is DWC considering in this medical fee dispute?
2. Has the insurance carrier previously allowed reimbursement for the services in dispute?
3. Is the insurance carrier's reason for denial of CPT code 11043-58-LT supported?
4. Is the requester entitled to additional reimbursement?

## Findings

1. This dispute involves professional surgery charges for surgical services rendered on August 7, 2025, in a facility setting.

Although it is not reflected on the DWC Form-060, *Medical Fee Dispute Resolution Request* (DWC Form-060), the insurance carrier has previously allowed partial payment for the services in dispute.

DWC will review the submitted documentation in accordance with applicable DWC Rules and Statutes to determine if additional reimbursement is due.

2. A review of the submitted explanation of benefits (EOB) dated October 24, 2025, finds that the insurance carrier denied reimbursement for CPT code 11043-58-LT and allowed reimbursement in the amount of \$2,216.71 plus interest for CPT code 13160-58-LT, both rendered on August 7, 2025.

DWC finds that the services in dispute have received reimbursement allowance in the total amount of \$2,216.71 as of the date of this medical fee dispute resolution (MFDR) review.

3. Per a review of the submitted medical bills, on the disputed date of service the requester charged for one unit each of CPT codes 11043-58-LT and 13160-58-LT. As discussed in finding number two, the insurance carrier allowed payment for CPT code 13160-58-LT but denied payment for CPT code 11043-58-LT.

The requester appended CPT codes 13160 and 11043 with modifier "58" to indicate the procedure was a staged or related procedure performed during the postoperative period of the first procedure (a previous procedure) by the same physician; A new postoperative period begins when the staged procedure is billed. The requester also appended both CPT codes with modifier "LT" to indicate the anatomic side of the body.

A review of the submitted EOB dated October 24, 2025, finds that CPT code 11043-58-LT was denied because this procedure was included in the value of the comprehensive procedure rendered on the same date, per National Correct Coding Initiative (NCCI) edits. In this case, the comprehensive procedure is represented by CPT code 13160-58-LT.

DWC completed NCCI edits for the procedure codes billed together on the disputed date of service and found that procedure code 11043 has an unbundle relationship with history procedure code 13160; an appropriate modifier is allowed to override the NCCI edit conflict.

A review of the submitted medical bill finds that CPT code 11043 was not appended with an

appropriate modifier to override the NCCI edit conflict which exists between CPT code 11043 and the comprehensive primary CPT code 13160 billed on the same date of service.

DWC finds that the insurance carrier's reason for denial of CPT code 11043-58-LT based on a NCCI edit conflict is supported, as a result, reimbursement is not recommended.

4. The requester is seeking reimbursement in the total amount of \$4,442.08 for professional surgery charges rendered in a facility setting on August 7, 2025.

Because the insurance carrier's reason for denial of CPT code 11043-58-LT is supported, DWC finds that the requester is not entitled to reimbursement for this disputed CPT code.

Because of the insurance carrier's reason for denial of CPT code 11043-58-LT, DWC will calculate the maximum allowable reimbursement (MAR) for this disputed CPT code in accordance with the applicable DW Rules and Statutes.

DWC finds that 28 TAC Section 134.203 applies to the disputed service represented by CPT code 13160. 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."

28 TAC §134.203 further 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:

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

- Per the submitted medical bill, the disputed service was rendered in zip code 77025, locality 18, "Houston."
- The Medicare participating amount for CPT code 13160 in 2025, rendered in a facility setting at this locality is \$813.88.
- The 2025 DWC Surgery Conversion Factor is 88.1.

- The Medicare Conversion Factor in 2025 is 32.3465.
- Using the above formula, DWC finds the MAR is \$2,216.71 for CPT code 13160-58-LT on August 7, 2025, rendered in a facility setting in locality 18.
- The respondent paid \$2,216.71 for this disputed CPT code 13160-58-LT.
- Additional reimbursement is not recommended.

DWC finds that the requester is not entitled to additional reimbursement for the services in dispute rendered on August 7, 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 additional 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 5, 2026 Date
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## **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).