



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Alison Walls PSYD

Respondent Name

Hartford Casualty Insurance Co

MFDR Tracking Number

M4-26-1360-01

Insurance Carrier's Austin Representative

BOX 47 Burns Anderson Jury Brenner & Donovan

DWC Date Received

January 15, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 9, 2025	90791	\$369.10	\$0.00
October 9, 2025	96130-59-95	\$261.25	\$0.00
October 9, 2025	96136-59-95	\$89.99	\$0.00
October 9, 2025	96137-59	\$551.53	\$0.00
October 9, 2025	96131-59-95	\$2,194.68	\$0.00
Total		\$3,466.55	\$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: \$3,466.55

Respondent's Position

"After further review of the documentation submitted with this dispute, there is no additional amount warranted... The documentation in the medical report does not support telehealth/telemedicine was rendered."

Response Submitted By: The Hartford

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 [133.210](#) sets out the requirements for medical documentation and bill processing by insurance carrier.
3. 28 TAC Section [133.30](#) sets out the guidelines for telehealth and telemedicine services.
4. 28 TAC Section [134.203](#) sets out the fee guidelines for professional medical services.
5. Texas Occupations Code Chapter [111, Title 3](#) sets out definitions and guidelines of Telemedicine, Teledentistry, and Telehealth.

Adjustment Reasons

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

1. 16 – Claim/service lacks information or has submission/billing error(s).
2. 531 – PLEASE RESUBMIT WITH THE APPROPRIATE HCPCS/CPT CODE.
3. 943 – DOCUMENTATION DOES NOT SUPPORT BILLED CHARGE. NO RECOMMENDATION OF PAYEMENT CAN BE MADE.
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. 1014 - THE ATTACHED BILLING HAS BEEN RE-EVALUATED AT THE REQUEST OF THE PROVIDER. BASED ON THIS REEVALUATION, WE FIND OUR ORIGINAL REVIEW TO BE CORRECT. TRHEREFORE, NO ADDITIONAL ALLOWANCE APPEARS TO BE WARRANTED.
7. 2005 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rules apply to the services in dispute?
3. Is the insurance carrier's denial reason(s) supported?
4. Is the requester entitled to reimbursement?

Findings

1. This medical fee dispute resolution (MFDR) review involves non-payment of professional medical evaluation and diagnostic services referred by a designated doctor. The requester is seeking reimbursement in the amount of \$3,466.55.

DWC notes that the date of service in dispute listed on the DWC Form-060, *Medical Fee Dispute Resolution Request* (DWC Form-060) is October 9, 2025, while the dates of service on the submitted medical bill range from October 9, 2025, through October 23, 2025.

DWC will consider whether the insurance carrier's reason(s) for denial are supported and whether the requester is entitled to reimbursement in accordance with applicable DWC Rules for the services in dispute rendered October 9, 2025, through October 23, 2025.

2. The procedure codes in question are considered professional medical services. DWC will review these services for reimbursement in accordance with relevant rules.

Reimbursement policies for professional services are found in 28 TAC Section 134.203, which states, in relevant part: "(b) 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."

Reimbursement fee guidelines for professional services are addressed in 28 TAC §134.203(c), which states in relevant part: "To determine the 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 ...
- (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 ...”

The requester appended each disputed CPT code on the medical bill with modifier “95” which indicates a “Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system.” Therefore, DWC finds that 28 TAC Section 133.30 also applies to the disputed services, stating in pertinent part, “(b)(1) ‘Telemedicine services’ means telemedicine medical services as defined in Occupations Code §111.001... (c) Except as provided in subsection (d) of this section, a health care provider must bill for telemedicine, telehealth, and teledentistry services according to applicable:

(1) Medicare payment policies, as defined in §134.203 of this title (relating to Medical Fee_Guideline for Professional Services); ...”

Texas Occupations Code Title 3 Section 111.001, states in pertinent part, “(3) ‘Telehealth service’ means a health service, other than a telemedicine medical service or a teledentistry dental service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.” Texas Occupations Code Title 3 Section 111.002 further states, “(a) A treating physician, dentist, or health professional who provides or facilitates the use of telemedicine medical services, teledentistry dental services, or telehealth services shall ensure that the **informed consent of the patient**, or another appropriate individual authorized to make health care treatment decisions for the patient, is obtained before telemedicine medical services, teledentistry dental services, or telehealth services are provided.”

Because there is an insurance carrier denial based on documentation, DWC finds that 28 TAC Section 133.210 also applies to the disputed services, stating in pertinent part, “(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.”

3. A review of the explanation of benefits (EOB) finds that the insurance carrier denied reimbursement for the services in dispute due to lack of documentation to support billed charges. Additionally, in its position statement the respondent asserts that the documentation in the medical record does not support that telehealth/telemedicine was rendered.

As noted in the previous finding, the requester appended each disputed CPT code on the medical bill with modifier “95” which indicates a “Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system.”

An examination of the medical records submitted finds no evidence that the health care provider documented that the services billed on the disputed dates, October 9, 2025, through October 23, 2025, were provided via real-time interactive audio and video telecommunications or telehealth, as modifier “95” on the medical bill indicates.

Furthermore, DWC finds no evidence in the medical record that informed consent for

telehealth services was obtained, as is required per Texas Occupations Code Title 3 Chapter 111, prior to rendering service on October 9, 2025.

DWC finds that the documentation in the medical record does not support the disputed services as billed. Therefore, the insurance carrier's reason(s) for denial of the services in dispute is supported.

4. The requester is seeking reimbursement in the amount of \$3,466.55 for services rendered on October 9, 2025, through October 23, 2025. Because the insurance carrier's reason for denial is supported, DWC finds that the requester is not entitled to reimbursement for the disputed services.

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

_____	_____	February 27, 2026
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 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.