



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

David West DO

Respondent Name

Insurance Company of the West

MFDR Tracking Number

M4-26-1585-01

Insurance Carrier's Austin Representative

BOX 4 Law Office Of Ricky D Green

DWC Date Received

February 2, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 28, 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

"Upon review of the original billing received on November 14, 2025, for the October 28, 2025 service date, the submitted documentation did not meet the necessary elements for billing CPT cod 99205 (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 on the date of the encounter for code section 60 minutes must be met or exceeded). The appeal received on December 17, 2025, contained neither new documentation nor corrected billing, and therefore the denial was upheld."

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 bill processing by insurance carrier.

Adjustment Reasons

- 150 – Payer deems the information submitted does not support this level of service.
- 16 – Claim/service lacks information or has submission/billing error(s).
- G15 – Pricing is calculated based on the medical professional fee schedule value.
- P12 – Workers' Compensation jurisdictional fee schedule adjustment.
- QC5 – Lacking Risk
- QC6 – Lacking Data
- QC7 – Lacking problem
- QD1 – Based on the document submitted it is recommended that service should be lowered 2 levels.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rule is applicable to reimbursement?
3. Has DWC determined whether payment is due to the requester?

Findings

1. The requester is seeking reimbursement of code 99205 in the amount of \$481.98 for date of service October 28, 2025. The insurance carrier has denied the claim at the time of original adjudication and reconsideration based on level of service not supported. The rules applicable to the service is discussed below.
2. 28 TAC 133.210(c)(10 states, In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation:
 - (1) 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;

Review of the information available at the time of this review found, the Consultation Report dated October 28, 2025 via Telemed. As seen above the submitted medical documentation must satisfy the American Medical Association requirement for use of this code.

The AMA requirement for Code 99205 is a medically appropriate history and/or examination and high level of medical decision making. The AMA indicates for this code a High Level of Decision Making would consist of

- 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment: or
- 1 acute or chronic illness of injury that poses a threat to life or bodily function.

The information found in the Consultation Report does not support a High level of decision making.

3. DWC has reviewed the information available at the time of this review and found insufficient information to refute insurance carrier's denial for level of service not supported. No payment 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 27, 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.