



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Peak Integrated Healthcare

Respondent Name

American Zurich Insurance Company

MFDR Tracking Number

M4-26-1608-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

February 5, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 7, 2026	99213	\$12.17	\$11.11
January 7, 2026	99080-73	\$0.00	\$0.00
Total		\$12.17	\$11.11

Requester's Position

The bill was denied full payment to include the office visit for which all documentation has been provided, stating denial reason "workers compensation jurisdictional fee adjustment."

Amount In Dispute: \$12.17

Respondent's Position

"It remains the Carrier's position that the Provider is not entitled to any additional monies."

Response Submitted By: Flahive, Ogden & Latson

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

- P12 – Workers' Compensation Jurisdictional fee schedule adjustment.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rule is applicable to the reimbursement amount of the disputed service?
3. Has DWC determined whether the requester is entitled to additional reimbursement?

Findings

1. The requester is seeking additional reimbursement of \$12.17 for the date of service January 7, 2026. The insurance carrier issued payment in the amount of \$193.79 (not \$192.73 as reflected in the table of disputed services), which included a reduction in accordance with the applicable workers' compensation fee schedule. The DWC will review and determine whether the requester is eligible for additional reimbursement
2. DWC Rule 28 TAC Section 134.203 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...
 - (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 following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR. In this instance,

- The 2026 DWC Conversion Factor 72.07
 - The 2026 CMS Conversion Factor 33.4009
 - The carrier is 04412, Locality is 11.
 - CMS Physician Fee Schedule Allowable for zip code 75043 (Garland) \$94.96
 - $72.07/33.4009 \times \$94.96 = \204.90
 - The insurance carrier paid \$193.79
 - The difference between the MAR and amount paid ($\$204.90 - \193.79) = \$11.11.
3. Review of the information available at the time of this review found the payment made by the insurance carrier was not at Maximum Allowable Reimbursement (MAR). The requester is entitled to an additional payment amount of \$11.11.

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 American Zurich Insurance Co must remit to Peak Integrated Health Services \$11.11 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

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.