TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Peak Integrated Healthcare

Respondent Name

Technology Insurance Co

MFDR Tracking Number

M4-26-1660-01

Insurance Carrier's Austin Representative

BOX 17 Downs Stanford PC

DWC Date Received

February 11, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 3, 2025	99213	$91.06	$91.06
December 3, 2025	99080-73	$0.00	$0.00
	Total	$91.06	$91.06

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document titled, "Request for Reconsideration" dated January 23, 2026 and February 11, 2026 that states, "This bill was denied full payment to include the office visit for which all documentation has been provided…"

Amount In Dispute: $91.06

Respondent's Position

"The Carrier has issued payment for the medical bill in dispute. Check number 1000043575 issued on 1/02/2026, in the amount of $117.73, per the EOB included with DWC-60."

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 134.203 sets out the fee guidelines for professional medical services.

Adjustment Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- G15 - Pricing is calculated based on the medical professional fee schedule value.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- 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 reimbursement of disputed service?

3. Has DWC determined whether additional reimbursement is due to the requester?

Findings

1. The requester seeks additional reimbursement for CPT code 99213 for the date of service December 3, 2025. The insurance carrier issued a payment of $102.73, and the requester is requesting an additional $91.06. MFDR will review the professional medical fee guideline to determine whether any additional reimbursement is due.

2. DWC Rule 28 TAC Section 134.203(c) states in pertinent part, 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 Section 134.203 (c)(1) & (2). (DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR.

In this instance,

- The 2025 DWC Conversion Factor 70.18
- The 2025 CMS Conversion Factor 32.3465
- CMS Physician Fee Schedule Allowable for zip code 75043 (non-facility) locality 0441211 $89.32
- 70.18/32.3465 x $89.32 = $193.79

3. Based on the information available at the time of this review the MAR for code 99213 on December 3, 2025 is $193.79. The insurance carrier paid $102.73. The amount due to the requester ($193.79 - $102.73) = $91.06. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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 Technology Insurance Co must remit to Peak Integrated Health Services $91.06 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	May 29, 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 electronico CompConnection@tdi.texas.gov.