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

Alison Walls PSYD

Respondent Name

Zurich American Ins Co of Illinois

MFDR Tracking Number

M4-26-1716-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

February 18, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 18, 2025	90791-95	$369.10	$0.00
September 18, 2025	96130-59-95	$261.25	$0.00
September 18, 2025	96136-59-95	$89.98	$0.00
September 18, 2025	96137-59-95	$551.53	$0.00
September 18, 2025	96131-59-95	$2377.57	$0.00
	Total	$3,649.44	$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: $3,649.44

Respondent's Position

"The provider claims the carrier has not paid the provider any monies for the dates of service. However, on 10/18/2025, the carrier's EOB recommended reimbursement of $3,483.68. On 10/23/2025, a check in the amount of $3,483.68 was issued to the provider under check number 762607527."

Supplemental response submitted March 11, 2026

"Attached is the ACH confirmation for the $3,483.68 payment made on 10/23/2025."

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

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- P13 – Payment reduced or denied based on workers' compensation jurisdiction regulations or payment policies.
- 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 fee calculation of the services in dispute?
3. Has DWC determined whether reimbursement is due to the requester?

Findings

1. The requester submitted a request to MFDR indicating an amount in dispute of $3,649.44 for a date of service in September of 2025. The insurance carrier (Zurich American) submitted evidence of a payment made in the amount of $3,483.68 on October 23, 2025. DWC will consider the fee guideline for professional medical services to determine if the requester is due additional reimbursement.

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 77706 is 0441220 (non-facility) is shown below for each code.
   - 90791 – 70.18/32.3465 x $162.91 = $353.45. Carrier paid $353.45. Zero due.
   - 96130 – 70.18/32.3465 x $114.25 = $247.88. Carrier paid $247.88. Zero due.
   - 96131 – 70.18/32.3465 x $80.98 = $175.70 x 13 = $2,284.06. Carrier paid $2,284.10. Zero due.
   - 96136 – 70.18/32.3465 x 38.57 = $83.68. Carrier paid $83.68. Zero due.
   - 96137 – 70.18/32.3465 x $33.88 = $73.51 x 7 = $514.55. Carrier paid $514.57. Zero due.

3. DWC has reviewed the submitted information and found the disputed codes 90791-95, 96130-59-95, 96136-59-95, 96137-59-95 and 96131-59-95 for date of service September 18, 2025 were paid at the applicable DWC fee guideline. No additional reimbursement is due.

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 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 additional reimbursement for the disputed services.

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.