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

Argonaut Midwest Insurance Co.

MFDR Tracking Number

M4-26-2038-01

Insurance Carrier's Austin Representative

BOX 17 Downs Stanford PC

DWC Date Received

March 24, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
February 2, 2026	99213	$12.17	$12.17
	Total	$12.17	$12.17

Requester's Position

The requester did not include a position statement with this request for MFDR. They did submit a document titled, "Request for Reconsideration" dated February 26, 2026 and March 24, 2026 that states, "After reconsideration we were again denied any payment or reason for denial, stating "Duplicate claim/service" which is incorrect we still have not been paid for this timely billed date of service."

Amount In Dispute: $12.17

Respondent's Position

The Austin carrier representative for Argonaut Midwest Insurance Co is Downs & Stanford PC. The representative was notified of this medical fee dispute on March 25, 2026.

Per 28 Texas Administrative Code Section 133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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.
- 18 – Exact duplicate claim/service.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rule applies to reimbursement of professional fees?

Findings

1. The requester seeks additional reimbursement of code 99213 rendered on February 2, 2026 in the amount of $12.17. DWC will consider the fee guideline of the disputed service 99213.
2. A review of the submitted documentation finds that the insurance carrier issued a payment in the amount of $192.73 and the requester seeks an additional payment in the amount of $12.17.

   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 Section 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
- CMS Physician Fee Schedule Allowable for zip code 75043 (non-facility) $94.96
- 72.07/33.4009 x $94.96 = $204.90 Carrier paid $192.73. Additional reimbursement of $12.17 is due to the requester.

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 Argonaut Midwest Insurance Co must remit to Peak Integrated Healthcare $12.17 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	June 24, 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.