TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Functional Recovery Associates

Respondent Name

Hartford Casualty Insurance Co

MFDR Tracking Number

M4-26-2196-01

Insurance Carrier's Austin Representative

BOX 47 Burns Anderson Jury Brenner & Donovan

DWC Date Received

April 7, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 13, 2026	99213	$193.82	$0.00
	Total	$193.82	$0.00

Requester's Position

"Based on the supporting documentation and the valid referral, an additional payment is due upon reconsideration. The submitted charges are reasonable and consistent with the usual and customary fees for this level of service."

Amount In Dispute: $193.82

Respondent's Position

"Per adjuster: Do not pay as there are no subjective or objective complaints to warrant further follow-ups and she is not on medications."

Response Submitted By: The Hartford

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.
3. 28 TAC Section 180.22 sets out the guidelines for health care provider roles and responsibilities.
4. 28 TAC Section 133.10 sets out the requirements for a complete medical bill.

Adjustment Reasons

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

1. 96 – NON-COVERED CHARGES
2. NABA – REIMBURSEMENT IS BEING WITHHELD AS THE TREATING DOCTOR AND/OR SERVICES RENDERED WERE NOT APPROVED BASED UPON HANDLER REVIEW.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rules apply to the services in dispute?
3. Is the requester entitled to reimbursement?

Findings

1. This medical fee dispute resolution (MFDR) review involves non-payment of an evaluation and management office visit billed under CPT code 99213, rendered on January 13, 2026, by a health care provider who is not the injured employee's treating doctor.

   The requester asserts that the disputed office visit was referred to by the treating doctor. The respondent asserts that the disputed office visit was not approved and was not warranted.

   DWC will review the submitted documentation to determine if the requester is entitled to reimbursement in accordance with DWC Statutes and Rules.

2. As the service in dispute involves a professional medical service, DWC finds that 28 TAC Section 134.203 applies to the disputed service, stating in pertinent part, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies,

including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Because there is a question of a treating doctor referral, DWC finds that 28 TAC Section 180.22 also applies to the service in dispute. 28 TAC Section 180.22, titled Health Care Provider Roles and Responsibilities states in pertinent part, "(c) The treating doctor is the doctor primarily responsible for the efficient management of health care and for coordinating the health care for an injured employee's compensable injury. The treating doctor shall: 1) except in the case of an emergency, approve or recommend all health care reasonably required that is to be rendered to the injured employee including, but not limited to, treatment or evaluation provided through referrals to consulting and referral doctors or other health care providers, as defined in this section."

Furthermore, DWC finds that 28 TAC Section 133.10, which sets out the requirements for a complete medical bill, applies to the disputed service, stating in pertinent part:

"(f) All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form.

"(1) The following data content or data elements are **required for a complete professional** or noninstitutional **medical bill related to Texas workers' compensation health care**:

> (J) **name of referring provider** or other source **is required when another health care provider referred the patient for the services**; no qualifier indicating the role of the provider is required (CMS-1500, field 17);
>
> (K**)** referring provider's state license number (CMS-1500/field 17a) is required when there is a referring doctor listed in CMS-1500/field 17; the billing provider must enter the '0B' qualifier and the license type, license number, and jurisdiction code (for example, 'MDF1234TX');
>
> (L) referring provider's National Provider Identifier (NPI) number (CMS-1500/field 17b) is required when CMS-1500/field 17 contains the name of a health care provider eligible to receive an NPI number;"

3. The requester is seeking reimbursement in the amount of $193.82 for disputed CPT code 99213 rendered on January 13, 2026.

   The requester asserts that the injured employee was referred to the requester for an evaluation and management office visit by the injured employee's treating doctor in accordance with 28 TAC Section 180.22.

A review of all submitted medical bills finds that field 17 of the CMS-1500 medical bill form is not populated with a referring provider name as required in accordance with 28 TAC Section 133.10(f)(1)(J). As a result, DWC finds that submission of a complete medical bill for the service in dispute rendered on January 13, 2026, is not supported.

DWC finds that the requester is not entitled to reimbursement for the disputed CPT code 99213 rendered on January 13, 2026.

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 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

		May 1, 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 electronico CompConnection@tdi.texas.gov.