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

General Information

Requester Name

Texas Pain Enterprises, LLC

Respondent Name

Transportation Insurance Co

MFDR Tracking Number

M4-26-2428-01

Insurance Carrier's Austin Representative

BOX 57 Continental Casualty Co

DWC Date Received

April 28, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 3, 2025	99214	$330.56	$0.00
August 6, 2025	99214	$334.87	$0.00
	Total	$665.43	$0.00

Requester's Position

"CNA has paid substantially identical CPT 99214 claims submitted by TPE for this same patient, same condition, and same employer on other dates of service including, most recently, DOS 1/8/2026. CNA has not identified any deficiency in TPE's billing or documentation for this patient that would justify non-payment for the two claims at issue."

Amount In Dispute: $665.43

Respondent's Position

"Upon receipt of the documentation for this MDR Medical Fee Dispute, Carrier again sent the documentation for review by Coventry Bill Review. Coventry Bill Review Services maintains that no additional allowable is due as the documentation submitted by the provider does not support a Level IV CPT 99214 visit as per the AMA CPT guidelines. Specifically, Coventry Services indicated that the

documentation is better described as a code 99213. Therefore, for the reasons noted above, reimbursement is not recommended for the disputed date of service."

Response Submitted By: Law office of Brian J. Judis

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:

- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 589 – The documentation received does not support the level of service billed. Please adjust the level of service billed or provide additional documentation to support the service billed.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 3452 – Modifier 95-Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system.
- 5211 – Clinical bill review has reduced or disallowed the charge as services performed do not meet clinical guidelines / recommendations.
- W3 – Bill is a reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.

- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. What is DWC considering in this medical fee dispute?

2. What rule applies to the billing and coding of professional medical services?

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

Findings

1. The requester is seeking reimbursement of code 99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded, billed with the 95 modifier (tele-medicine) for date of service August 6, 2025 and 99214 for date of service October 3, 2025. The insurance carrier denied the service at the time of original adjudication as not meeting clinical guidelines and upheld this denial upon reconsideration and in their response to MFDR. DWC will review the applicable rules and fee guidelines to determine if reimbursement is due to the requester.

2. 28 TAC 133.210(c)(10) states, In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation:
   (1) the two highest Evaluation and Management office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes;

   Review of the information available at the time of this review found, the Consultation Report dated September 9, 2025 via Telemedicine. As seen above the submitted medical documentation must satisfy the American Medical Association requirement for submitted code.

   The AMA requirement for Code 99214 – Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.

   The requirements required per the AMA for a moderate level of decision making is listed below.

   - Number and Complexity of Problems addressed at the Encounter
     - One or more chronic illnesses with exacerbation, progression, or side effects of treatment; or
     - 2 or more stable, chronic illnesses; or
     - One undiagnosed new problem with uncertain prognosis; or

- One acute illness with systemic symptoms; or
- One acute complicated injury

- Amount and/or Complexity of Data to be Reviewed and Analyzed.
  - Category 1 - Any combination of 3 from the following
    - Review of prior external note(s) from each unique source;
    - Review of the result(s) of each unique test;
    - Ordering of each unique test or
    - Assessment requiring an independent historian(s)
  - Category 2 – Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) or
  - Category 3: Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported).
- Risk of Complications and/or Morbidity or Mortality of Patient Management
  - Moderate risk of morbidity from additional diagnostic testing or treatment.

The information found in the Workers Compensation Progress does not support a Moderate level of decision making.

3. DWC has reviewed the information available at the time of this review and found insufficient information to support the level of service submitted on the medical bill. The requester submitted a statement of , "The total physician work, including evaluation and non-face-to-face documentation and data review, is consistent with the 30-39 minute range for CPT 99214" this statement was not supported by documentation of time (start of visit and end of visit time). Therefore, no payment 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 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

Signature	Medical Fee Dispute Resolution Officer	June 8, 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.