



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ELITE HEALTHCARE NORTH DALLAS

Respondent Name

HARTFORD UNDERWRITERS INSURANCE COMPANY

MFDR Tracking Number

M4-20-2977-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

August 21, 2020

Response Submitted by:

The Hartford

REQUESTOR'S POSITION SUMMARY

"The attached date of service was denied due to "absence of precertification/authorization" and "reimbursement is being withheld as the treating doctor and/or services rendered were not approved based upon handler review" which is INCORRECT. Per ODG guidelines, office visits are recommended to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. Per TDI requirements, issuing a 73 requires the treating physician to meet with the injured worker in an office setting to assess and determine the worker's status and complete the required form 73. In order to satisfy the TDI requirements, an office visit is billed for the required time taken by the treating physician to assess the injured worker's return to work status. This claim should be PAID IN FULL."

RESPONDENT'S POSITION SUMMARY

"The date of service in dispute was denied as diagnosis for... is not related to the compensable injury. A PLN 11 was filed dated 06/15/17 accepting.... only."

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
June 4, 2020	99213 and 99080-73	\$142.95	\$142.95

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code (TLC) §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.239, effective July 7, 2016, sets out medical fee guidelines for workers' compensation specific services.
3. 28 TAC §129.5, effective July 16, 2000, sets out the procedure for reporting and billing work status reports.

4. 28 TAC §134.600 sets out the rules for preauthorization, concurrent utilization review, and voluntary certification of health care.
5. 28 TAC §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 197 – PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION/AUTHORIZATION.
 - APPR – REIMBURSEMENT IS BEING WITHHELD AS THE TREATING DOCTOR AND/OR SERVICES RENDERED WERE NOT APPROVED BASED UPON HANDLER REVIEW. IF YOU REQUIRE ADDITIONAL INFORMATION REGARDING THIS BILL DECISION, CONTACT THE CLAIM HANDLER.
 - W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.

Issue(s)

1. Did the respondent raise new issues that were not raised during the medical bill review process?
2. Is the requestor required to obtain preauthorization for the disputed services?
3. Is the requestor entitled to reimbursement for CPT Codes 99213 rendered on June 4, 2020?
4. Is the requestor entitled to reimbursement for CPT Code 99080-73 rendered on June 4, 2020?

Findings

1. The requestor seeks reimbursement for CPT Codes 99213 and 99080-73 rendered on June 4, 2020. The insurance carrier denied/reduced the disputed service(s) with denial reduction code(s), "197 and APPR."

28 TAC §133.307(d)(2)(F) states that " The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review."

The respondent submitted a PLN11 to the DWC with the position summary denying the disputed issues for extent of injury. The respondent did not submit information to MFDR, sufficient to support that the PLN had been presented to the requestor or that the requestor had otherwise been informed of a PLN prior to the date the request for medical fee dispute resolution was filed with the Division. The respondent did not include copies of EOB with the response to support that the extent of injury issue was raised during the medical bill review process; therefore, the division finds that the extent of injury denial was not timely presented to the requestor in the manner required by 28 TAC §133.240. Because the service in dispute does not contain an unresolved extent of injury issue, this matter is eligible for adjudication of a medical fee under 28 TAC §133.307. For that reason, this matter is addressed pursuant to the applicable rules and guidelines.

2. 28 TAC §134.600 (p) identifies the non-emergency health care requiring preauthorization. Review of 28 TAC §134.600 (p), does not identify office visits and work status reports as services that are subject to preauthorization requirements. The DWC finds, that the insurance carrier's denial reason is not supported. The disputed service will therefore be reviewed per applicable DWC rules and fee guidelines.
3. The fee guideline for CPT Code 99213 is found in 28 TAC §134.203.

28 TAC §134.203 states in pertinent part, "(c) To determine the 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. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (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..."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The 2020 DWC Conversion Factor is 60.32
- The 2020 Medicare Conversion Factor is 36.0896
- Per the EOBs, the services were rendered in zip code 75006; therefore, the Medicare locality is "Dallas."
- The Medicare Participating amount for CPT code 99213 at this locality is \$76.55.
- Using the above formula, the DWC finds the MAR is \$127.95. The respondent paid \$0.00. As a result, reimbursement of \$127.95 is recommended.

4. The fee guideline for CPT code 99080-73 is found in 28 TAC §129.5.

CPT Code 99080-73 is defined as "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

28 TAC §134.239 states, "When billing for a work status report that is not conducted as a part of the examinations outlined in §134.240 and §134.250 of this title, refer to §129.5 of this title."

28 TAC §129.5(i)(1) states "Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be \$15. A doctor shall not bill in excess of \$15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section. Doctors are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors billing for Work Status Reports as permitted by this section shall do so as follows: (1) CPT code "99080" with modifier "73" shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section."

28 TAC §129.5 (d)(1) and (2) states "The doctor shall file the Work Status Report:

- (1) after the initial examination of the employee, regardless of the employee's work status;
- (2) when the employee experiences a change in work status or a substantial change in activity restrictions."

A review of the submitted documentation finds the requestor completed a work status report on June 4, 2020, as a result, the requestor is entitled to reimbursement in the amount of \$15.00. Therefore, this amount is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$142.95.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of TLC Sections 413.031 and 413.019 (if applicable), the DWC has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The DWC hereby ORDERS the respondent to remit to the requestor the amount of \$142.95 plus applicable accrued interest per 28 TAC §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 18, 2020
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 TAC §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** form **DWC045M** in accordance with the instructions on the form. The request must be received by the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed, or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.