



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
ALSACE URGENT CARE

Respondent Name
TX ASSOCIATION OF COUNTIES RMP

MFDR Tracking Number
M4-21-1581-01

Carrier's Austin Representative
Box Number 47

MFDR Date Received
MAY 6, 2021

REQUESTOR'S POSITION SUMMARY

"I have attached the letter that I submitted to them regarding payment of \$155.00 that was never received at our office. I spoke numerous times to their Bill Review dept and was told YES it was paid but NO they did not show it was ever cashed. However, when I spoke with the adjuster, she sent me a copy of the check and said this was paid but unless I am missing something on the back of this check, I do not see it was endorsed by us which I have tried to explain to them numerous times. In fact, I see no endorsement at all...the insurance company needs to re-issue a check for this date of service."

Amount in Dispute: \$155.00

RESPONDENT'S POSITION SUMMARY

"On May 25, 2021, Alsace Urgent Care representative, Libby Sims, confirmed Alsace received check number 000704542 as payment in full...Ms. Sims confirmed there is no other disputes regarding this date of service."

Response Submitted By: Burns Anderson Jury & Brenner, LLP

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 5, 2020	CPT Code 99213	\$140.00	\$122.40
	CPT Code 99080-73	\$15.00	\$15.00
TOTAL		\$155.00	\$137.40

FINDINGS AND DECISION

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

Background

1. 28 Texas Administrative Code (TAC) §133.307, effective February 22, 2021, 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 §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
4. 28 TAC §129.5, effective July 16, 2000, sets out the procedure for reporting and billing work status reports.
5. Neither party to the dispute submitted any explanation of benefits.

Issues

Is the requestor entitled to reimbursement for CPT codes 99204 and 99080-73 rendered on November 5, 2020?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$155.00 for CPT codes 99204 and 99080-73 rendered on November 5, 2020.
2. The requestor wrote, "I have attached the letter that I submitted to them regarding payment of \$155.00 that was never received at our office. I spoke numerous times to their Bill Review dept and was told YES it was paid but NO they did not show it was ever cashed. However, when I spoke with the adjuster, she sent me a copy of the check and said this was paid but unless I am missing something on the back of this check, I do not see it was endorsed by us which I have tried to explain to them numerous times. In fact, I see no endorsement at all." In support of this position, the requestor submitted a copy of a check dated January 21, 2021 for \$129.07, that is not endorsed on the back. The DWC finds that the respondent has not supported that the requestor received the payment; therefore, the disputed services will be reviewed per the fee guideline.
3. The respondent states, "On May 25, 2021, Alsace Urgent Care representative, Libby Sims, confirmed Alsace received check number 000704542 as payment in full...Ms. Sims confirmed there is no other disputes regarding this date of service."

The DWC finds that both parties reference the same check number in their positions. The respondent did not support position that the requestor endorsed and received payment; therefore, the disputed service will be reviewed per fee guideline.

4. The fee guidelines for disputed services is found at 28 TAC §134.203.
5. 28 TAC §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."
6. "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
7. Per 28 TAC §134.203(c)(1)(2), "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. The following hypothetical example illustrates this annual adjustment activity if the DWC had been using this MEI annual percentage adjustment: The 2006 DWC conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) DWC conversion factor in 2007."

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

Review of Box 32 on the CMS-1500 the services were rendered in Uvalde, Texas; therefore, the locality will be based on the rate for "Rest of Texas".

The Medicare Participating amount for CPT code 99213 at this locality is \$73.23.

Using the above formula, the DWC finds the MAR is \$122.40. The respondent paid \$0.00. As a result, reimbursement of \$122.40 is recommended.

8. CPT code 99080-73 is described 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 documentations finds the requestor is due \$15.00 for the DWC-73 report.

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 \$137.40.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code 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 \$137.40 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

Date

6/30/2021

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, effective May 31, 2012, *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 MDR 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.