



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

HARTFORD CASUALTY INSURANCE COMPANY

MFDR Tracking Number

M4-22-1174-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

February 16, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 3, 2021 and November 18, 2021	99213, 99080-73 and 99361-W1	\$291.14	\$178.14
Total		\$291.14	\$178.14

Requestor's Position

"The attached dates of service were denied as 'WORKERS COMPENSATION JURISDICTIONAL FEE ADJUSTMENT,' and 'PENDING FURTHER REVIEW.' This is INCORRECT. We have not received payment for this date of service. The patient has a compensable injury with a 1% impairment rating per the 7/14/2021 Decision and Order. Please see attached portion of D&O stating this and the 2021 fee schedule and Please submit the attached claim for reprocessing immediately."

Amount in Dispute: \$291.14

Respondent's Position

"Bill was process under control numbers... on 11/16/21 and 12/20/21 and denied as not approved per the adjuster's instructions."

Response Submitted by: The Hartford

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.220, effective July 7, 2016, provides the medical fee guidelines for case management services.
3. 28 TAC §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
4. 8 TAC §129.5, effective July 16, 2000, sets out the procedure for reporting and billing work status reports.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 133 – The disposition of this claim/service is pending further review.
- PPRJ – Paid without prejudice.

Issues

1. Is the Requestor entitled to reimbursement for CPT Code 99361-W1?
2. Are the insurance carrier's denial reasons supported for CPT codes 99080-73 and 99213?
3. Is the Requestor entitled to reimbursement for CPT Code 99213?
4. Is the Requestor entitled to reimbursement for CPT Code 99080-73?

Findings

1. The requestor seeks reimbursement for CPT Code 99361-W1, in the amount of \$113.00 rendered on November 18, 2021.

The respondent denied reimbursement for CPT code 99361-W1 based upon denial codes 133 and PPRJ (descriptions provides above.)

The respondent submitted insufficient documentation to support the denial reasons indicated in the EOBs presented to MFDR. As a result, the DWC finds that the insurance carrier's denial reasons are not supported. The disputed charge is therefore reviewed pursuant to the applicable rules and guidelines.

28 TAC §134.220(4) states, "Case management responsibilities by the treating doctor are as follows:

(4) Case management services require the treating doctor to submit documentation that identifies any health care provider that contributes to the case management activity. Case management services shall be billed and reimbursed as follows:

(A) CPT code 99361.

(i) Reimbursement to the treating doctor shall be \$113. Modifier "W1" shall be added."

The fee guidelines for disputed services is found at 28 TAC §134.220.

28 TAC §134.220(1) states, "Case management responsibilities by the treating doctor are as follows:

(1) Team conferences and telephone calls shall include coordination with an interdisciplinary team.

(A) Team members shall not be employees of the treating doctor.

(B) Team conferences and telephone calls must be outside of an interdisciplinary program. Documentation shall include the purpose and outcome of conferences and telephone calls, and the name and specialty of each individual attending the team conference or engaged in a phone call.

The submitted "Team Conference" report does not document the purpose and outcome of the conference; it does not specify that the team members are not employees of the treating doctor; and that the conference was not part of an interdisciplinary program. The DWC finds the requestor did not comply with the requirements outlined in 28 TAC §134.220(1).

28 TAC §134.220(2) states, "Case management responsibilities by the treating doctor are as follows:

(2) Team conferences and telephone calls should be triggered by a documented change in the condition of the injured employee and performed for the purpose of coordination of medical treatment and/or return to work for the injured employee."

The submitted "Team Conference" report does not document a change in the injured employee's condition or that it was performed for the purpose of coordination medical treatment and/or returning the injured employee to work. The DWC finds the requestor did not comply with the requirements outlined in 28 TAC §134.220(2).

As a result, reimbursement cannot be recommended for CPT Code 99361-W1.

2. The requestor seeks reimbursement for CPT Codes 99080-73 and 99213 rendered on November 3, 2021. The insurance carrier denied the services in dispute with denial reduction codes, 309 and P12 (descriptions provided above.)

Review of the documentation submitted by both parties finds that a payment was not issued for the services in question. As a result, the DWC finds that the insurance carrier's denial reasons are not supported and the services in dispute are therefore reviewed pursuant to the applicable rules and guidelines.

3. The requestor seeks medical fee dispute resolution in the amount of \$163.14 for CPT code 99213 rendered on November 3, 2021.

The fee guidelines for disputed services are found in 28 TAC §134.203.

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."

CPT code 99213 is described as, "Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter."

The division finds the submitted report supports billing code 99213; therefore, reimbursement is recommended per the fee guideline.

28 TAC §134.203(c)(1) states "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."

28 TAC §134.203(c)(2) states "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 Division had been using this MEI annual percentage adjustment: The 2006 Division 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) Division 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 DWC conversion factor for 2021 is 61.17.
- The Medicare conversion factor for 2021 is 34.8931.
- Review of Box 32 on the CMS-1500 finds that the services were rendered in zip code 75043 which is located in Garland, Texas; therefore, the Medicare locality is "Dallas, Texas."
- The Medicare participating amount for CPT code 99213 at this locality is \$93.06. Using the above formula, the MAR is \$163.14. The respondent paid \$0.00. The difference between MAR and amount paid is \$163.14. This amount is recommended.

4. The requestor seeks medical fee dispute resolution in the amount of \$15.00 for CPT Code 99080-73 rendered on November 3, 2021.

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 submitted a copy of the DWC-73 report to support billing. As a result, reimbursement of \$15.00 is recommended.

Based upon the above findings the DWC finds the requestor is entitled to reimbursement for CPT Codes 99213 and 99080-73 rendered on November 3, 2021. As a result, \$178.14 is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

The DWC finds the requestor has established that reimbursement in the amount of \$178.14 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requester \$178.14 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 16, 2022
Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §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 1-800-252-7031, option 3 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 the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.