

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MICHAEL LOPEZ, DC

Respondent Name

AMERICAN ZURICH INSURANCE COMPANY

MFDR Tracking Number

M4-22-1445-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 15, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 9, 2021 through July 16, 2021	97110-GP, 97112-GP, 99361-W1, 99080-73 x 3, and 99213 x 3	\$1,096.36	\$178.14
Total		\$1,096.36	\$178.14

Requestor's Position

"This patient has won his contested case hearing of 9/22/2021 based on extent of injury, and the billed for ICD-10 diagnosis code of... are allowable. Therefore, the submitted claims should be paid in full. Please resubmit for adjudication and payment."

Amount in Dispute: \$1,096.36

Requestor's Supplemental Position

"We were not paid for date of service 7/2/2021 in the amount of \$178.14. All other dates of service on dispute were paid."

Respondent's Position

"...June 18, 2021, July 2, 2021 and July 16, 2021, the provider is seeking reimbursement of \$178.14. We are attaching a copy of the carrier's EOBs... The EOBs dated March 24, 2022 have recommended reimbursement amounts exactly the same as the amounts requested by the provider. The March 25, 2022 EOBs recommend interest payments."

Response Submitted by: Flahive, Ogden & Latson

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 §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §129.5 sets out the guidelines for Work Status Reports.

Denial Reasons

The insurance carrier included a copy of an EOB dated March 24, 2022, recommending payment in the amount of \$178.14 for date of service July 2, 2021, no EOB reduction codes were identified on this EOB. The DWC finds that the requestor seeks resolution for July 2, 2021, as a result this date of service is reviewed pursuant to the applicable rules.

Issues

1. Did the insurance carrier issue a supplemental payment after the DWC060 submission?
2. Did the insurance carrier identify a denial reason on the EOB for date of service July 2, 2021?
3. Is the Requestor entitled to reimbursement for CPT Code 99080-73?
4. Is the Requestor entitled to reimbursement for CPT Code 99213?

Findings

1. The requestor seeks reimbursement for CPT Codes 97110-GP, 97112-GP, 99361-W1, 99080-73 x 3, and 99213 x 3, rendered on April 9, 2021 through July 16, 2021. Review of the insurance carrier's response and communication with the requestor supports that a payment was issued for dates of service of service April 9, 2021, June 9, 2021, June 18, 2021, and July 16, 2021. The Requestor indicates that a payment was not issued for CPT Code 99213 and 99080-73 rendered on July 2, 2021. As a result, the Requestor continues to seek dispute resolution for this date of service.
2. The Requestor seeks reimbursement for CPT Codes 99080-73 and 99213 rendered on July 2, 2021. The insurance carrier in the EOB dated March 24, 2022, did not identify EOB ANSI codes for date of service July 2, 2021, however recommended reimbursement in the amount of \$178.14. The requestor indicates that although reimbursement was recommended no payment has been received for this date of service. As a result, the disputed services are eligible for review and reimbursement.
3. 28 TAC 129.5 sets out the reimbursement for CPT Code 99080-73 defined as "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

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."

The respondent submitted a copy of the report that supports the billing of the DWC73.

Therefore, the requestor is entitled to reimbursement in the amount of \$15.00 for CPT Code 99080-73 rendered on July 2, 2021. Therefore, this amount is recommended.

4. The requestor is seeking medical fee dispute resolution in the amount of \$163.14, for CPT Code 99213 rendered on July 2, 2021.

28 TAC §134.203(b)(1) states, "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."

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 requestor documented the service as billed, therefore, reimbursement is recommended per the fee guideline.

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 date of service is July 2, 2021.
- The 2021 DWC Conversion Factor is 61.17
- The 2021 Medicare Conversion Factor is 34.8931
- Per the medical bills, the services were rendered in zip code 75006; the Medicare locality is "Dallas Texas."
- The Medicare Participating amount for CPT code(s) 99213 at this locality is \$93.06.
- Using the above formula, the DWC finds the MAR is \$163.14.
- The respondent paid \$0.00.
- Reimbursement of \$163.14 is recommended for date of service July 2, 2021.

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 requester has established that reimbursement of \$178.14 is due.

Order

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

Authorized Signature

		May 27, 2022
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 §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 electronico CompConnection@tdi.texas.gov.