



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

PEAK INTEGRATED HEALTHCARE

**Respondent Name**

FEDERAL INSURANCE COMPANY

**MFDR Tracking Number**

M4-22-1456-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

March 16, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 3, 2021 through November 2, 2021	99213 x 3 and 99080-73 x 3	\$534.42	\$0.00
<b>Total</b>		\$534.42	\$0.00

### Requestor's Position

"The attached dates of services were never processed, or we never received the EOB. After submitting them for payment they were denied payment stating the time limit for filing has expired, which is incorrect as you can see, we have attached the original claim with the original date that it was sent as well as the patient ledger which is a direct printout from our system showing the date order, they were initially sent. Therefore, please kindly process with the consideration of it being timely filed per rule 133.20B, as I have shown 2 forms of "proof" of timely filing."

**Amount in Dispute:** \$534.42

### Respondent's Position

"CorVel maintains the requestor, Peak Integrated Healthcare is not entitled to reimbursement for date(s) of service 08/03/21-11/02/21 in the amount of \$534.42 based on failure to timely submit a complete medical bill... A CMS-1500 billing form for date of service 11/02/21 in the amount of \$178.14 was received on 11/08/21. A medical bill review was conducted, and final action rendered on 11/25/21 in the form of payment in the amount of \$178.14. A copy of the EOR is attached and payment summary is below as evidence of final action for this date of service."

**Response Submitted by:** CorVel

## 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 §133.20 sets out the medical bill submission procedures for health care providers.
3. 28 TAC §102.4 sets out the rules for non-Commission communications.
4. TLC §408.027 sets out the rules for timely submission of claims by health care providers.
5. TLC §408.0272 provides for certain exceptions to untimely submission of a medical bill.

### Denial Reasons

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

- 29 – Time limit for filing claim/bill has expired.
- RM2 – Time limit for filing claim has expired.

### Issues

1. What is the timely filing deadline applicable to dates of service August 3, 2021 and September 27, 2021?
2. Is the requestor entitled to reimbursement for CPT Code 99080-73 rendered on November 2, 2021?
3. Is the requestor entitled to reimbursement for CPT Code 99213 rendered on November 2, 2021?

### Findings

1. 28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in TLC §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not-later than 95 days after the date the disputed services were provided.

TLC §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 TAC §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

Review of the submitted information finds insufficient documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to TLC §408.027(a), the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services, for dates of service August 3, 2021 and September 27, 2021.

2. The requestor seeks reimbursement for CPT Codes 99213 and 99080-73 rendered on November 2, 2021. The insurance carrier states in pertinent part, "A medical bill review was conducted, and final action rendered on 11/25/21 in the form of payment in the amount of \$178.14. A copy of the EOR is attached and payment summary is below as evidence of final action for this date of service."

Review of the EOB dated November 2, 2021 documents that the insurance carrier issued a payment in the amount of \$15.00 for CPT Code 99080-73.

Per 28 TAC §129.5 states, "(j) Notwithstanding any other provision of this title, a doctor, delegated physician assistant, or delegated advanced practice registered nurse may bill for, and an insurance 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 insurance carrier, its agent, or the employer through its insurance carrier asks for an extra copy. The amount of reimbursement shall be \$15. A doctor, delegated physician assistant, or delegated advanced practice registered nurse 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, delegated physician assistants, or delegated advanced practice registered nurses are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors, delegated physician assistants, or delegated advanced practice registered nurses 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, delegated physician assistant, or delegated advanced practice registered nurse is billing for a report required under subsections (e)(1), (e)(2), and (g) of this section."

The MAR is \$15.00 per 28 TAC 129.5 (j). As a result, the requestor is not entitled to additional reimbursement for CPT Code 99080-73.

3. The requestor seeks reimbursement for CPT Code 99213 rendered on November 2, 2021. The insurance indicates that a payment was issued in the amount of \$163.14 for CPT Code 99213.

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 2021 DWC Conversion Factor is 61.17
- The 2021 Medicare Conversion Factor is 34.8931
- Per the medical bills, the services were rendered in Garland, TX; therefore, 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 \$163.14.

The requestor is therefore not entitled to additional reimbursement for CPT Code 99213 rendered on November 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 \$0.00 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	April 14, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).