

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

ZURICH AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-22-1760-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 18, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 22, 2022	99213	\$63.08	\$0.00
	Total	\$63.08	\$0.00

Requestor's Position

"Office visits are recommended as determined 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."

Amount in Dispute: \$63.08

Requestor's Supplemental Position Summary

"They have not paid the full amount. They did not pay the DWC-73, \$15.00 owed."

Respondent's Position

"We are attaching a copy of the Carrier's EOBs dated March 7, 2022, April 4, 2022, and April 29, 2022. The Carrier has reprocessed the Provider's bill following it receipt of the DWC-60. The Carrier has recommended an additional reimbursement of \$48.08. We are also attaching a copy of a fourth EOB that covers interest."

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 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.

Denial Reasons

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

- P12 – Workers' Compensation jurisdictional fee schedule adjustment.

Issues

1. Did the Insurance Carrier issue a payment for CPT Code 99213 rendered on February 22, 2022?
2. Is the Requestor entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Code 99213 rendered on, February 22, 2022. Per 28 TAC §134.203 "(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."

Per 28 TAC §134.203 "(h) When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the: (1) MAR amount; (2) health care provider's usual and customary charge, unless directed by Division rule to bill a specific amount; or (3) fair and reasonable amount consistent with the standards of 28 TAC §134.1 of this title."

Review of the DWC060's, Table of Disputed Service identifies that the CPT Code 99213 rendered on February 22, 2022 is in dispute. The Requestor identifies CPT Code 99080-73, however indicates that a payment in the amount of \$15.00 was issued and the requestor, therefore, seeks \$0.00 for this code.

The requestor seeks an additional payment in the amount of \$63.08 for CPT Code 99213 rendered on February 22, 2022. The insurance carrier issued payments in the amount of \$104.14 and a supplemental payment in the amount of \$48.08 for CPT Code 99213. The requestor indicates that the additional payment resolved the disputed for CPT Code 99213, however continues to seek reimbursement for CPT Code 99080-73 in the amount of \$15.00.

Review of the submitted EOBs supports that the insurance carrier issued a payment in the amount of \$119.14 under check #1876504697 for CPT Codes 99213 and 99080-73 issued on March 9, 2022. The DWC finds that the requestor is therefore, not entitled to an additional payment for the disputed services.

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 is not 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

Signature

Medical Fee Dispute Resolution Officer

July 13, 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.