



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

PEAK INTEGRATED HEALTHCARE

**Respondent Name**

AIU INSURANCE COMPANY

**MFDR Tracking Number**

M4-22-2009-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

May 13, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 4, 2022	99213 and 99080-73	\$182.22	\$182.22
<b>Total</b>		\$182.22	\$182.22

### Requestor's Position

"The attached date of service was denied PAYMENT due to 'TWO VISITS HAVE BEEN INAPPROPRIATELY BILLED ON THE SAME DATE OF SERVICE.'... This is incorrect as the provider is the treating doctor for the patient and patient is allowed treatment for his compensable injury. The patients had an examination by the doctor and the patient's history and care was discussed. We have met all the key components for the coded procedure and our fee is accurate, Dr. Nadeem is one of the treating doctors for Peak Integrated Healthcare and saw the patient for the office visit that day and should be reimbursed as such. Please see the attached documentation supporting the level of service billed."

**Amount in Dispute:** \$182.22

### Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed. We will provide a supplemental response once the bill auditing company has finalized their review."

**Response Submitted by:** Gallagher Bassett

## 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:

- 90203 & B14 - PAYMENT DENIED BECAUSE ONLY ONE VISIT OR CONSULTATION PER PHYSICIAN PER DAY IS COVERED.
- 90223 – WORKERS COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 190 – BILLING FOR REPORT AND/OR RECORD REVIEW EXCEEDS REASONABLENESS.
- 53 – TWO EVALUATIONS VISITS HAVE BEEN INAPPROPRIATELY BILLED ON THE SAME DATE OF SERVICE.

### Issues

1. Is the Insurance Carrier's denial reason(s) supported?
2. Is the requestor due reimbursement for CPT Code 99080-73?
3. Is the requestor due reimbursement for CPT Code 99213?
4. What is the total recommended amount for the services in dispute?

### Findings

1. The requestor seeks reimbursement for CPT Codes 99080-73 and 99213, rendered on January 4, 2022. The insurance carrier denied the services in dispute with denial reduction codes indicated above.

Review of the submitted documentation finds insufficient documentation to support the insurance carrier's denial reasons. As a result, the DWC finds that the requestor is therefore, entitled to reimbursement for CPT Code 99080-73 and 99213.

2. The reimbursement guidelines for CPT code 99080-73 rendered on January 4, 2022 are found at 28 TAC §129.5.

CPT code 99080-73 is defined as "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

28 TAC §134.204 (l) states "The following shall apply to Work Status Reports. When billing for a Work Status Report that is not conducted as a part of the examinations outlined in subsections (i) and (j) of this section, refer to §129.5 of this title (relating to Work Status Reports)."

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 sufficient documentation to support the billing of CPT Code 99080-73; therefore, reimbursement of \$15.00 is recommended for this report.

3. The reimbursement guidelines for CPT Code 99213 are outlined in 28 TAC §134.203.

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."

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 services were rendered in 2022.
- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- The medical bills indicate that he services were rendered in zip code 75043; the Medicare locality is "Dallas."
- The Medicare Participating amount for CPT code 99213 at this locality is \$92.65.
- Using the above formula, the DWC finds the MAR is \$167.22.
- The respondent paid \$0.00.
- Reimbursement of \$167.22 is recommended.

4. The DWC finds that the requestor is entitled to a total recommended amount of \$182.22. As a result, this amount 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 requester has established that reimbursement of \$182.22 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 \$182.22 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**

		September 12, 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 12 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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).