

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

AMERICAN CASUALTY COMPANY

MFDR Tracking Number

M4-22-2260-01

Carrier's Austin Representative

Box Number 57

DWC Date Received

June 20, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 6, 2021 through October 1, 2021	99213 x 3	\$489.42	\$326.28
Total		\$489.42	\$326.28

Requestor's Position

"The dates of service 09/01, and 10/01/2021 were denied as workers compensation is non compensable. This is incorrect, as we have been treating the patient and received payment since his date of injury... 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: \$489.42

Respondent's Position

"Per the DWC 60, the date of receipt is June 20, 2022. As such, Date of Service for 06/06/2021 is not to be considered by the Division as the request for MDR is untimely. Additionally, Request for Dismissal as the Requestor has failed to comply with Rules for a proper request for MFDR. The HCP has not provided a correct, complete bill to the Carrier in either its original submission or in its request for reconsideration. The Carrier denies ever having received any properly completed original billing for the Disputed Dates of Service 06/06/21, 09/01/21, 10/01/21 for the rendered services under the correct claim number."

Response Submitted by: Law Office of Brian J. Judis

Respondent's Supplemental Position

"Regarding CPT code 99213AA which was billed for Dates of Service 06/06/21, 09/01/21, and 10/01/21, Carrier has forwarded this to our bill review vendor, Conduent, to be reaudited. To date, Carrier has not received a response from the URA regarding this matter. At this time, Carrier maintains any and all denials as represented in the attached EORs. Upon receipt of the URA's response, Carrier will supplement."

Response Submitted by: Law Office of Brian J. Judis

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:

- 219 & 5099 – BASED ON EXTENT OF INJURY.
- P4 - WORKERS' COMPENSATION CLAIM ADJUDICATED AS NON-COMPENSABLE. THIS PAYER NOT LIABLE FOR CLAIM OR SERVICE TREATMENT.
- P27 - PAYMENT DENIED BASED ON THE LIABILITY COVERAGE BENEFITS JURISDICTIONAL REGULATIONS ANO/OR PAYMENT POLICIES.
- 5000 - WORKERS' COMPENSATION CLAIM ADJUDICATED AS NON-COMPENSABLE. CARRIER NOT LIABLE FOR CLAIM OR SERVICE/TREATMENT.
- 5011 - THESE ARE NON-COVERED CONDITIONS BECAUSE WORKERS' COMPENSATION COVERAGE FOR THIS LOSS WAS NOT ELECTED.
- 193 – ORIGINL PAYMENT DECISION IS BEING MAINTAINED. UPON REIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

Issues

1. Is the Insurance Carrier's denial of extent of injury supported?
2. Did the requestor waive the right to medical fee dispute resolution?
3. What rule applies to CPT Code 99213?
4. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT code 99213 rendered on June 6, 2021 through October 1, 2021. The services in dispute were denied by the workers' compensation carrier due to an unresolved extent of injury issue.

28 TAC §133.305(b) states that if a dispute over the extent of a covered work injury exists for the same service for which there is a medical fee dispute, the dispute regarding the extent of injury shall be resolved prior to the submission of a medical fee dispute.

Review of the submitted documentation finds that the insurance carrier did not provided documentation to the DWC to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H). The respondent did not submit information to MFDR, sufficient to support that the PLN had ever been presented to the requestor or that the requestor had otherwise been informed of PLN prior to the date that the request for medical fee dispute resolution was filed with the DWC; therefore, the DWC finds that the extent of injury denial was not timely presented to the requestor in the manner required by 28 TAC §133.240. Because the services in dispute do not contain an unresolved extent of injury issue, this matter is eligible for adjudication pursuant to 28 TAC §133.307. For that reason, this matter is addressed pursuant to the applicable rules and guidelines.

2. The requestor seeks reimbursement for medical services rendered on June 6, 2021. 28 TAC §133.307(c) (1) states in pertinent part, "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

The date of the service is June 6, 2021. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on June 20, 2022. This date is later than one year after the date of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in 28 TAC §133.307(c) (1) (B). The DWC concludes that the requestor has failed to timely file date of service June 6, 2021 with the DWC'S MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for June 6, 2021.

3. Review of the submitted documentation finds that the insurance carrier's denial reasons for non-payment are not supported. As a result, the requestor is entitled to reimbursement for CPT Code 99213.

28 TAC §134.203 sets out the fee guidelines for the disputed services.

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 disputed services were rendered in 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; therefore, the Medicare locality is "Rest of Texas."
- The Medicare Participating amount for CPT Code 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 $\$163.14 \times 2 =$ MAR amount of \$326.28.

4. The DWC finds that the requestor is entitled to \$326.28 for dates of service, September 1, 2021, and October 1, 2021. 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 \$326.28 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 \$326.28 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	July 19, 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 electrónico CompConnection@tdi.texas.gov.