



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

TECHNOLOGY INSURANCE COMPANY

MFDR Tracking Number

M4-22-2500-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

July 28, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 22, 2022 and March 29, 2022	99213 x 2 and 99080-73 x 42	\$364.44	\$349.44
Total		\$364.44	\$349.44

Requestor's Position

"The attached 3/29/2022 dates of service were denied payment unjustly as 'WORKERS COMP CASE SETTLED; PATIENT RESPONSIBLE FOR CLAIM.' This is INCORRECT. The office visit is attached and documents the treatment given for the patient. I have also attached a payment for another office visit of 11/15/2021."

Amount in Dispute: \$364.44

Respondent's Position

"In conclusion, Requestor is not owed reimbursement for the services provided as they were not related to the compensable injury as the Claimant's compensable injury resolved."

Response Submitted by: Downs Stanford, P.C.

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.
3. 28 TAC §129.5 sets out the fee guidelines for the DWC73 reports.

Denial Reasons

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

- 193 – ORIGINAL PAYMENT DECISION IS BEING :MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 350 – BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- FZM – ADJUSTER BILL REVIEW DENIAL.
- W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- P3 – WORKERS' COMPENSATION CASE SETTLED. PATIENT IS RESPONSIBLE FOR AMOUNT OF THIS CLAIM/SERVICE THROUGH WC 'MEDICARE SET ASIDE ARRANGEMENT OR OTHER AGREEMENT. TO BE USED FOR WORKERS' COMPENSATION ONLY.

Issues

1. Does the respondent's position statement address only the denial reasons presented to the requestor prior to the date the request for MFDR was filed?
2. What rules apply to the disputed services?
3. Is the requestor entitled to reimbursement for CPT Code 99080-73?
4. Is the requestor entitled to reimbursement for CPT Code 99213?
5. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes 99213 and 99080-73 rendered on February 22, 2022 and March 29, 2022.

The insurance carrier in the position summary states, "Per the peer review from Phillip Osborne, M.D. dated September 21, 2021, the compensable injury is limited to a... Dr. Osborne goes on to opine these conditions should have been reasonably resolved long before April 2019, and treatment since April 2019 was not medically necessary or related to the work injury."

28 TAC §133.307(d)(2)(F) states "The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review."

The DWC finds that the respondent submitted a position summary containing new denial reasons and defenses. The additional denial reasons identified on the position summary, are not denial reasons raised during the medical bill review process, as they are not indicated on the Explanation of Benefits presented with the DWC060 request. The respondent submitted insufficient information to MFDR to support that the submitted denial reasons raised in their position summary were presented to the requestor or that the requestor had otherwise been informed of these new denial reasons or defenses prior to the date that the request for medical fee dispute resolution was filed with the DWC; therefore, the DWC concludes that the respondent has waived the right to raise such additional denial reasons or defenses. Any new denial reasons or defenses raised after the filing of the MDR, shall not be considered in this review.

2. 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."

The requestor billed CPT Code 99213.

- CPT Code 99213 is defined 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 DWC finds that 28 TAC §134.203 applies to the reimbursement of CPT Code 99213.

The requestor billed CPT Code 99080-73.

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

28 TAC §134.239 states, "When billing for a work status report that is not conducted as a part of the examinations outlined in §134.240 and §134.250 of this title, refer to §129.5 of this title."

The DWC finds that 28 TAC §129.5 applies to the reimbursement of CPT Code 99080-73.

3. CPT Code 99080-73 rendered on February 22, 2022 and March 29, 2022 was denied with denial reasons indicated above. Review of the submitted documentation finds that the insurance carrier's denial reasons are not supported. As a result, the disputed CPT Codes are reviewed pursuant to the applicable rules and guidelines.

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 documentation finds the following:

Review of the DWC 73 rendered on February 22, 2022 finds that the requestor met the documentation requirements outlined in 28 TAC §129.5, therefore, reimbursement of \$15.00 is recommended for this report.

Review of the DWC 73 rendered on March 29, 2022, the requestor did not document a change in work status or a substantial change in activity restrictions, as a result, the requestor is not entitled to reimbursement for this report.

The DWC finds that the requestor met the documentation requirements for the DWC-73 rendered on February 22, 2022 and is therefore entitled to reimbursement in the amount of \$15.00 for this date of service.

4. CPT Codes 99213 rendered on February 22, 2022 and March 29, 2022 were denied with denial reasons indicated above. Review of the submitted documentation finds that the insurance carrier's denial reasons are not supported. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

A review of the medical documentation for each office visit finds that the requestor documented and billed for CPT Code 99213 as a result, the requestor is entitled to reimbursement 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).

Date of service rendered in 2022

- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the service was 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.
- The requestor is due \$167.22 for date of service, February 22, 2022 and \$167.22 for date of service, March 29, 2022.

5. The DWC finds that the requestor is entitled to reimbursement in the amount of \$349.44. 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 requestor has established that reimbursement of \$349.44 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 \$349.44 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature



Signature

Medical Fee Dispute Resolution Officer

September 27, 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.