

Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

NEW HAMPSHIRE INSURANCE COMPANY

MFDR Tracking Number

M4-23-0741-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 23, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 16, 2022	99213 and 99080-73	\$182.22	\$182.22
	Total	\$182.22	\$182.22

Requestor's Position

"The above date of service was denied full payment stating, 'EXTENT OF INJURY.' This is incorrect. Please see attached payment for the SAME diagnosis code treated... that was paid on for a previous office visit on 7/28/2022."

Amount in Dispute: \$182.22

Respondent's Position

"The provider filed a DWC 60 seeking medical fee dispute resolution for services provided on September 16, 2022. The carrier is reprocessing the provider's bill. We would ask that once the provider receives payment if the provider is in agreement with the carrier's position, that it withdraw its request for medical fee dispute resolution."

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 Texas Administrative Code (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:

- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 219 – Based on extent of injury.
- W3 – Bill is a reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

Issues

1. Did the insurance carrier submit proof of payment for the services in dispute?
2. What is the description of CPT Codes 99080-73 and 99213?
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 September 16, 2022.

The insurance carrier in the position summary states, "The carrier is reprocessing the provider's bill. We would ask that once the provider receives payment if the provider is in agreement with the carrier's position., that it withdraw its request for medical fee dispute resolution."

Review of the submitted documentation finds that the insurance carrier indicates that payments were issued for the disputed service. Review of the submitted documentation and communication with the requestor finds that payment for the disputed services has not been received. As a result, the requestor continues to pursue reimbursement for CPT Codes 99213 and 99080-73, rendered on September 16, 2022.

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 "Work status report."

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. The requestor seeks reimbursement for CPT Code 99080-73 rendered on September 16, 2022. The respondent did not submit proof of payment, as a result, the disputed services is 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 September 16, 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.

4. The requestor seeks reimbursement for CPT Code 99213 rendered on September 16, 2022. The respondent did not submit proof of payment for the disputed service, as a result CPT code 99213 is reviewed pursuant to the applicable rules and guidelines.

A review of the medical documentation finds that the requestor documented and billed 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).

- The 2022 DWC Conversion Factor is 62.46
 - The 2022 Medicare Conversion Factor is 34.6062
 - Per the medical bills, the services were rendered in zip code 75043; the Medicare locality is "Dallas."
 - The Medicare Participating amount for CPT code 99213 in 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.
5. The DWC finds that the requestor is entitled to reimbursement in the amount of \$182.22. 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

_____	_____	<u>April 18, 2023</u>
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.