



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Republic Underwriters Ins. Co.

MFDR Tracking Number

M4-23-1858-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 29, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
11/15/2022	99213	\$167.22	\$167.22
11/15/2022	99080-73	\$15.00	\$0.00
Total		\$182.22	\$167.22

Requestor's Position

"The above dates of service were denied full payment stating, 'PRECERTIFICATION ABSENT'. This is incorrect. The patient is entitled to reasonable medical care as stipulated in Texas law as related to the original injury. Office visits are recommended as determined to be medically necessary..."

Amount in Dispute: \$182.22

Respondent's Position

The Austin carrier representative for Republic Underwriters Ins. Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on April 4, 2023. Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Response Submitted by: N/A

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 Work Status Reports.
4. [28 TAC §134.600](#) sets out the preauthorization requirements for professional medical services.

Denial Reasons

The insurance carrier denied the payment for the disputed service with the following claim adjustment codes:

- 197 – Precertification/Authorization/Notification/Pre-treatment absent.
- 932 – Not authorized for service per utilization recommendation.

Issues

1. Will CPT code, 99080-73, be considered as part of this medical fee dispute resolution (MFDR)?
2. Is the respondent's denial reason of CPT code 99213 supported?
3. Is the requestor entitled to reimbursement for CPT Code 99213?

Findings

1. 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 §129.5(i)(1) applies to 99080-73, 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."

Review of submitted documentation finds no Work Status Report on record for the disputed date of service. Review of submitted medical bills finds no charge for Work Status Report on disputed date of service. Therefore, 99080-73 will not be considered for adjudication in this MFDR.

2. The dispute concerns an evaluation and management service billed under CPT code 99213. The insurance carrier (IC) denied reimbursement citing reason code 197 (described above), lack of preauthorization.

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 (MDM). When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter."

28 TAC §134.600(p) sets out the non-emergency professional medical services that require preauthorization. Evaluation and management services are not included in the list of services requiring preauthorization in accordance with 28 TAC §134.600(p).

The division finds that CPT code 99213 rendered on November 15, 2022, did not require preauthorization and therefore, the denial reason is not supported.

3. The requestor is seeking reimbursement in the amount of \$167.22 for CPT Code 99213 rendered on November 15, 2022.

The division finds that 28 TAC §134.203 applies to reimbursement of CPT code 99213.

28 TAC §134.203 states in pertinent part, "(c) To determine the Maximum Allowable Reimbursement (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 = (MAR).

Date of service was rendered November 15, 2022

- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Medicare fee schedule rates are published by carrier and locality.
- Per the medical bills, the service was rendered in zip code 75043; the carrier is 04412 and the Medicare locality is 11, "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 CPT 99213 rendered on November 15, 2022.

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 Division finds the requester has established that reimbursement is due.

ORDER

Under Texas Labor Code §§413.031, the Division has determined the requestor is entitled to reimbursement for the disputed services.

It is ordered that Republic Underwriters Insurance Co. must remit to Peak Integrated Healthcare \$167.22 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		May 25, 2023
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.