



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

New Hampshire Insurance Co.

MFDR Tracking Number

M4-23-1927-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 5, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 13, 2023	99213	\$174.71	\$0.00
	99080-73	\$15.00	\$0.00
Total		\$189.71	\$0.00

Requestor's Position

"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: \$189.71

Respondent's Position

Initial response: "... the carrier is reprocessing the provider's bill."

Supplemental response: "The carrier has reprocessed the provider's bill. It is in agreement with the provider that the provider is entitled to payment of \$174.71 under CPT code 99213 ... However, it is disputing any reimbursement for issuing a work status report. Such a report is to be billed in accordance with the requisites of Rule 129.5. It is the carrier's position that the provider is issuing DWC-73 work status reports beyond the limits of Rule 129.5. A work status report in this case should not been completed since the injured employee had not experienced a

change in her work status or had a substantial change in the activity restrictions.”

Response Submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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 §129.5](#) sets out the fee guidelines for Work Status Reports.

Denial Reasons

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

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 5110 – Service denied per claims examiners instructions.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.

Issues

1. Is Peak Integrated Healthcare entitled to additional reimbursement?

Findings

1. Peak Integrated Healthcare submitted a request for medical fee dispute resolution in accordance with 28 TAC §133.307, seeking reimbursement for procedure codes 99213 and 99080-73. Per explanation of benefits dated April 17, 2023, New Hampshire Insurance Co. paid the full amount requested for procedure code 99213.

The insurance carrier maintained its denial of procedure code 99080-73, stating, “It is the carrier’s position that the provider is issuing DWC-73 work status reports beyond the limits of Rule 129.5.” 28 TAC §129.5 states:

- “(e) The doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report:
- (1) after the initial examination of the injured employee, regardless of the injured employee's work status;
 - (2) when the injured employee experiences a change in work status or a substantial

- change in activity restrictions; and
- (3) on the schedule requested by the insurance carrier, its agent, or the employer requesting the report through its insurance carrier, which shall not exceed one report every two weeks and which shall be based upon the doctor's, delegated physician assistant's, or delegated advanced practice registered nurse's scheduled appointments with the injured employee ...
- (g) In addition to the requirements under subsection (e) of this section, the treating doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report with the insurance carrier, employer, and injured employee within seven days of the day of receipt of:
- (1) functional job descriptions from the employer listing available modified duty positions that the employer is able to offer the injured employee as provided by §129.6(a) of this title (relating to Bona Fide Offers of Employment); or
- (2) a required medical examination doctor's Work Status Report that indicates that the injured employee can return to work with or without restrictions...
- (j) Notwithstanding any other provision of this title, a doctor, delegated physician assistant, or delegated advanced practice registered nurse may bill for, and an insurance 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 insurance carrier, its agent, or the employer through its insurance carrier asks for an extra copy ..."

The work status report was billed with procedure code 99213, which is defined, in part, as an "office or other outpatient visit for the evaluation and management of an established patient." Therefore, this report does not meet the requirements of 28 TAC §129.5(e)(1).

In the examination record submitted by the requestor states, "Will maintain ... off work status." Therefore, this report does not meet the requirements of 28 TAC §129.5(e)(2).

No evidence was presented to support that the health care provider was filing the form in question based on a request by "the insurance carrier, its agent, or the employer requesting the report through its insurance carrier." Therefore, this report does not meet the requirements of 28 TAC §129.5(e)(3).

No evidence was presented to support that the health care provider received a "functional job descriptions from the employer listing available modified duty positions that the employer is able to offer the injured employee." Therefore, this report does not meet the requirements of 28 TAC §129.5(g)(1).

No evidence was presented to support that the health care provider received "a required medical examination doctor's Work Status Report that indicates that the injured employee can return to work with or without restrictions." Therefore, this report does not meet the requirements of 28 TAC §129.5(g)(2).

No evidence was presented that supports that "the insurance carrier, its agent, or the employer through its insurance carrier" requested an extra copy of a previously filed report. Therefore, this report does not meet the requirements of 28 TAC §129.5(j).

Because Peak Integrated Healthcare has failed to demonstrate how the report in question meets the requirements of 28 TAC §129.5, no reimbursement can be 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.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	June 21, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.