



# Amended Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requestor Name**

Peak Integrated Healthcare

**Respondent Name**

Federal Insurance Co.

**MFDR Tracking Number**

M4-23-2110-02

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

April 27, 2023

## Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 23, 2022	97110-GP	\$330.42	\$0.00
	97112-GP	\$128.08	\$0.00
January 3, 2023	97110-GP	\$346.86	\$0.00
	97112-GP	\$132.76	\$0.00
January 10, 2023	97750-GP	\$531.04	\$0.00
January 11, 2023	99213	\$174.71	\$7.48
	99080-73	\$15.00	\$0.00
January 25, 2023	99213	\$174.71	\$0.00
	99080-73	\$15.00	\$0.00
<b>Total</b>		<b>\$1,827.46</b>	<b>\$7.48</b>

## Requestor's Position

"Due to a recent internal audit in our office we have found the attached claims remain unpaid ... FULL payment for the CPT code 99213, according to the **2023 fee schedule is \$174.71 ... AND A DWC-73 IS \$15.00.**

**"FOR THERAPY DATES OF SERVICE: I have attached the authorization for these dates of service.**We requested authorization for CPT codes 97110 AND 97112 before scheduling treatment."

**Amount in Dispute:** \$1,827.46

## **Respondent's Position**

"DOS 12/23/2022 was paid under check #6396144 mailed 1/24/2023 ... For other dates of service (DOS) in question, 01/03/2023 thru 01/25/2023, services were denied as per the PLN11 filed by the carrier ... The PLN11 was filed 01/23/2023. As noted above, DOS 12/23/2022 was paid as it was processed prior to the PLN11's filing and receipt of the bill. Also note that DOS 1/11/2023 ... was incorrectly paid as the narrative for this DOS clearly indicates treatment to areas listed on the PLN11 ... All other dates of service listed on the MFDR were received and reviewed by CorVel after the filing of the PLN11 and denied accordingly."

**Response Submitted by:** CorVel

## **Findings and Decision**

### Authority

By Official Order Number 6695 dated February 26, 2021, the undersigned has been delegated authority by the Commissioner to **amend** fee dispute decisions.

This **amended** findings and decision supersedes all previous decisions rendered in this medical payment dispute involving the above requestor and respondent.

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 \(TAC\) §133.240](#) sets out the procedures for payment or denial of medical bills.
2. [28 TAC §133.305](#) sets out the procedures for resolving medical disputes.
3. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
4. [28 TAC §134.203](#) sets out the fee guidelines for professional medical services.

### Denial Reasons

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

- 18 – Duplicate claim/service
- R1 – Duplicate billing
- 219 – Based on extent of injury
- P12 – Workers' compensation state fee schedule adj

### Issues

1. Are the services in this dispute subject to dismissal based on the extent of the compensable injury?
2. Is Peak Integrated Healthcare entitled to additional reimbursement?

### Findings

1. Peak Integrated Services is seeking additional reimbursement for physical therapy, evaluation and management, and work status forms. Federal Insurance Co. denied the following dates of service based on the extent of the compensable injury:

- January 3, 2023
- January 10, 2023
- January 25, 2023

If a dispute over the extent of injury exists for the same service for which there is a medical fee dispute, 28 TAC §133.305(b) states that the extent of injury dispute must be resolved before submission of a medical fee dispute resolution request for the services.

The insurance carrier denied payment for these services due to an unresolved extent of injury issue. The insurance carrier notified the requestor of the denial on an explanation of benefits as defined by 28 TAC §133.240.

No evidence was submitted to indicate that the issue was resolved for the dates of services in question before submitting this request for medical fee dispute resolution.

DWC concludes that an unresolved extent of injury issue exists for the services in dispute and finds that good cause exists to dismiss these dates of service according to 28 TAC §133.307(f)(3).

2. DWC reviewed the remaining dates of service. Per an explanation of benefits dated January 20, 2023, date of service December 23, 2022, was paid in full. Therefore, this date of service is not eligible for additional reimbursement.

Per explanation of benefits dated January 20, 2023, date of service January 11, 2023, procedure code 99080 was paid in full and procedure code 99213 was paid in part.

28 TAC §134.203(b) 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.”

28 TAC §134.203(c) states:

“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 ...
- (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 for procedure code 99213, the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) x Medicare Participating Amount.

- The DWC conversion factor for 2023 is \$64.83.
- The Medicare conversion factor for 2023 is 33.8872.
- Per the submitted medical bills, the service was rendered in zip code 75043 which is in Medicare locality 0441211.

The Medicare participating amount for CPT code 99213 is \$91.33. The maximum allowable reimbursement is calculated as follows:  $(64.83/33.8872) \times \$91.33 = \$174.72$ . The insurance carrier paid \$167.22. An additional reimbursement of \$7.48 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.

DWC finds the requestor has established that additional reimbursement of \$7.48 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Federal Insurance Co. must remit to Peak Integrated Healthcare \$7.48 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Director of Medical Fee Dispute Resolution

\_\_\_\_\_  
August 2, 2023

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](http://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](mailto: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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).