



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Old Republic Insurance Co.

MFDR Tracking Number

M4-23-2233-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

May 9, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
01/09/2023	99213	\$174.71	\$7.50
01/09/2023	99080-73	\$15.00	\$15.00
Total		\$189.71	\$22.50

Requestor's Position

"We have received no payment or reason for denial of payment. Please process for payment as other office visits have been paid.

Amount in Dispute: \$189.71

Respondent's Position

Respondent submitted an Explanation of Bill Review without a position statement attached.

Response Submitted by: Sedgwick

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 guidelines for professional medical services.
3. [28 TAC §129.5](#) sets out the fee guidelines for the DWC73 Work Status Reports.

Adjustment Reasons

The following claim adjustment codes are found per explanation of benefits submitted:

- 190 – BILLING FOR REPORT AND/OR RECORD REVIEW EXCEEDS REASONABLENESS.
- 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. Has the insurance carrier previously reimbursed the requestor for any services rendered on disputed date of service, January 9, 2023?
2. Is the insurance carrier's denial reason of CPT code 99080-73 rendered on January 9, 2023, supported?
3. Is the requestor entitled to additional reimbursement for services in dispute?

Findings

1. Requestor is seeking reimbursement for CPT code 99213 and 99080-73, rendered on January 9, 2023.

Review of medical bills submitted finds that the requestor billed to the insurance carrier \$174.72 for CPT code 99213 and \$15.00 for CPT code 99080-73 for date of service January 9, 2023. Total charges billed for this date of service were \$189.72.

Review of submitted documentation finds an explanation of bill review processed on January 20, 2023, issuing reimbursement in the reduced amount of \$167.22 for CPT code 99213. The same explanation of bill review denied reimbursement of CPT code 99080-73.

The DWC finds that the insurance carrier has reimbursed the requestor in the amount of \$167.22 for CPT code 99213 rendered on January 9, 2023.

2. Per explanation of bill review submitted, the insurance carrier denied reimbursement for CPT code 99080-73 rendered on January 9, 2023 with denial reason codes 190 and P12, defined above.

CPT code 99080-73 is described as a Work Status Report. 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."

Review of submitted documents finds that the requestor documented a Work Status Report form DWC073 in compliance with 28 TAC §129.5 on disputed date of service January 9, 2023.

The DWC finds that the insurance carrier's denial reason of CPT code 99080-73 is not supported.

3. Requestor is seeking reimbursement in total amount of \$189.71 for services rendered on January 9, 2023.

The requestor billed for CPT code 99213 on date of service January 9, 2023. CPT code 99213 is described as an office 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.

The division finds that 28 TAC §134.203 applies to the reimbursement of CPT code 99213, which 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:

$(\text{DWC Conversion Factor} / \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$.

Medicare payment amounts are published by date and locality. Per the medical bills, the service was rendered in 2023 in zip code 75211, Medicare locality 11, Dallas, TX.

- The 2023 DWC Conversion Factor is 64.83
- The 2023 Medicare Conversion Factor is 33.8872
- The Medicare Participating amount for CPT code 99213 in 2023, in locality 11, is \$91.33.
- Using the above formula, the DWC finds the MAR is \$174.72
- The respondent paid \$167.22
- The requestor is due \$7.50 for CPT code 99213 rendered on date of service January 9, 2023.

On the disputed date of service the requestor documented and billed for a Work Status Report, CPT code 99080-73, in compliance with 28 TAC §129.5.

28 TAC §129.5(i)(1) applies to the reimbursement of 99080-73, which 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."

The DWC finds that the requestor is entitled to reimbursement in the amount of \$15.00 for CPT code 99080-73 rendered on disputed date of service January 9, 2023.

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 established that additional reimbursement is due in the amount of \$22.50.

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 Old Republic Insurance Co. must remit to Peak Integrated Healthcare \$22.50 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

July 25, 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. 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.