



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated Healthcare

**Respondent Name**

National Union Fire Insurance Co. of Pittsb PA

**MFDR Tracking Number**

M4-23-2421-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

May 24, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
12/14/2022	99213	\$167.22	\$167.22
12/14/2022	99080-73	\$15.00	\$15.00
<b>Total</b>		\$182.22	\$182.22

### Requestor's Position

"...Despite there... explanation of benefits (EOB) for this date of service we do not show record of payment. Please process for payment..."

**Amount in Dispute:** \$182.22

### Respondent's Position

"The provider included one of the carrier's EOBs, which is dated May 15, 2023, that recommended no payment. It is the carrier's position that the provider is not entitled to payment as indicated on the carrier's EOBs..."

**Response Submitted by:** Peak Integrated Healthcare

## 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 Medical Fee Dispute Resolution requests.
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.

### Adjustment Reasons

The insurance carrier denied or reduced the payment for the disputed services with the following claim adjustment codes (per the only EOB submitted):

- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 5283 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, provider's contract, or car.
- 90950 – This bill is a reconsideration of a previously reviewed bill, allowance amounts reflect any changes to the previous payment.

### Issues

1. Has the insurance carrier (IC) provided or supported a reason for denial of disputed services?
2. Is the requester entitled to reimbursement for services rendered on December 14, 2022.

### Findings

1. The IC position statement states that the provider (requester) is not entitled to payment. The explanation of benefits (EOB) submitted indicate a reconsideration only, with original decision maintained. Submitted documentation does not provide any evidence of the original decision.

Review of all submitted documentation finds no reason provided for the denial of disputed services CPT codes 99213 and 99080-73, rendered on December 14, 2022. Submitted documentation finds no evidence of a previous payment for disputed services.

The division finds that the IC has not provided or supported a reason for denial of disputed CPT codes 99213 and 99080-73, rendered on December 14, 2022, and has not provided evidence of previous payment for the disputed services. Therefore, disputed services CPT code 99213 and 99080-73, will be adjudicated in accordance with 28 TAC §134.203 and 28 TAC §129.5.

2. The requester is seeking reimbursement in the amount of \$167.22 for CPT code 99213. CPT Code 99213 involves the evaluation and management (E/M) of an established patient, outpatient office visit.

The division finds that 28 TAC §133.203 applies to the reimbursement of CPT code 99213 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 MAR the following formula is used:

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

Disputed date of service CPT code 99213 was rendered in 2022.

- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per medical bills, service was rendered in zip code 75211; Medicare locality 11, Dallas.
- The Medicare Participating amount for CPT code 99213 at this locality in 2022 is \$92.65.
- Using the above formula, the division finds the MAR is \$167.22.
- The respondent paid \$0.00.
- The requestor is due reimbursement in the amount of \$167.22 for CPT code 99213 rendered on December 14, 2022.

The requester is seeking reimbursement in the amount of \$15.00 for code 99080-73, work status report, rendered on December 14, 2022.

28 TAC §129.5(j)(1) applies to the reimbursement of Work Status reports, 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 states, “(d) The doctor, delegated physician assistant, or delegated advanced practice registered nurse shall be considered to have filed a complete Work Status Report if the report is filed in the form and manner prescribed by the division, signed, and contains at minimum:

- (1) identification of the injured employee's work status;
- (2) effective dates and estimated expiration dates of current work status and restrictions (an expected expiration date is not binding and may be adjusted in future Work Status Reports, as appropriate, based on the condition and progress of the injured employee);
- (3) identification of any applicable activity restrictions;
- (4) an explanation of how the injured employee's workers' compensation injury prevents the injured employee from returning to work (if the doctor believes that the injured employee is prevented from returning to work); and
- (5) general information that identifies key information about the claim (as prescribed on the report).

Review of the DWC-73 report rendered on December 14, 2022, finds that the requestor met the documentation requirements in accordance with 28 TAC §129.5, therefore, reimbursement of \$15.00 is recommended for this report.

### 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 in the amount of \$182.22 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, the Division has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Respondent, National Union Fire Insurance Co. of Pittsb PA, must remit to the Requestor, Peak Integrated HealthCare, \$182.22 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature:**

June 22, 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](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 3 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 3 o correo electrónico [CompConnection@tdi.tas.gov](mailto:CompConnection@tdi.tas.gov).