



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-23-3274-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 23, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
05/03/2023	99213	\$174.71	\$174.71
05/15/2023	99213	\$174.71	\$174.71
Total		\$349.42	\$349.42

Requestor's Position

"These dates of service 5/3 O.V. and 5/15 O.V. have not been paid and should be as all others have been paid in full."

Amount in Dispute: \$349.42

Respondent's Position

"Carrier stands by the reasons for denial of payment set forth in its Explanation of Benefits previously filed in this dispute."

Response Submitted by: Stone Loughlin Swanson

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 §133.240](#) sets out guidelines for medical bill processing and audits by insurance carriers.
3. [TAC §19.2009](#) sets out guidelines for notice of determinations made in Utilization Review.
4. [TAC §19.2010](#) sets out guidelines for utilization reviews for health care and requirements prior to issuing adverse determinations.
5. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

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

- 60 – The provider has billed for the exact services on a previous bill.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous, payment.
- NOPA - This charge is denied as the service was not authorized during the Utilization Review process.

Issues

1. Are the insurance carrier's denial reasons supported?
2. Is the requestor entitled to reimbursement for CPT Code 99213 rendered on disputed dates of service May 3, 2023, and May 15, 2023?

Findings

1. The insurance carrier denied CPT code 99213 on disputed dates of service May 3, 2023, and May 15, 2023, with reason codes defined above.

Review of submitted documentation finds no evidence that the requestor previously billed for the disputed services.

Review of submitted documentation finds no evidence that the services in dispute have been previously paid by the insurance carrier.

The insurance carrier raises a third denial based on utilization review. 28 TAC §133.240(q) states that the insurance carrier is required to comply with 28 TAC §19.2009 (relating to Notice of Determinations Made in Utilization Review) and 19.2010 (relating to Requirements Prior to

Issuing Adverse Determination) when denying payment based on an adverse determination. The respondent presented no documentation to support that a utilization review has been performed.

DWC finds that the insurance carrier's denial reasons are not supported.

2. The requestor is seeking reimbursement in the total amount of \$349.42 for disputed CPT code 99213 rendered on May 3, 2023, and on May 15, 2023. Because the insurance carrier's denial reasons are not supported, DWC finds that the requestor is entitled to reimbursement.

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."

DWC finds that 28 TAC §134.203 applies to the billing and reimbursement of disputed service CPT code 99213.

28 TAC §134.203(b)(1) 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 in pertinent part, "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:

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

- The disputed dates of service are May 3, 2023, and May 15, 2023.
- The disputed service was rendered in zip code 75043, locality 11, Dallas; carrier 4412.
- The Medicare participating amount for CPT code 99213 in 2023 at this locality is \$91.33.
- The 2023 DWC Conversion Factor is 64.83
- The 2023 Medicare Conversion Factor is 33.8872.
- Using the above formula, DWC finds the MAR is \$174.72 for CPT code 99213 on each disputed date of service.
- The respondent paid \$0.00.
- The requestor charged \$174.71 for CPT code 99213 on each disputed date of service.

This amount is the recommended reimbursement as it is the lesser of the MAR and the amount charged.

- Total reimbursement in the amount of \$349.42 is recommended for CPT code 99213 rendered on disputed dates of service May 3, 2023 and May 15, 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.

The DWC finds the requester has established that reimbursement in the amount of \$349.42 is due.

ORDER

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

It is ordered that Zurich American Insurance Co., must remit to Peak Integrated Healthcare, \$349.42 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	<u>September 25, 2023</u>
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 electronico CompConnection@tdi.texas.gov.