



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

Peak Integrated Healthcare

**Respondent Name**

Indemnity Insurance Co. of North America

**MFDR Tracking Number**

M4-23-3294-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

August 24, 2023

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
July 14, 2023	99213	\$174.71	\$174.71
July 14, 2023	99080-73	\$15.00	\$15.00
<b>Total</b>		<b>\$189.71</b>	<b>\$189.71</b>

### Requestor's Position

"There is no reason for denial for allowed office visits..."

**Amount in Dispute:** \$189.71

### Respondent's Position

"The Austin carrier representative for Indemnity Insurance Co. of North America is Downs Stanford, PC. The representative was notified of this medical fee dispute on August 29, 2023. Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

**Response Submitted by:** N/A

## 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 (MFDR).
2. [28 TAC §133.305](#) sets out the general medical fee dispute guidelines.
3. [28 TAC §133.240](#) sets out the procedures for medical bill processing by insurance carriers.
4. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.
5. [28 TAC §129.5](#) sets out the fee guidelines for Work Status reports.

### Denial Reasons

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

- 167 – THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.
- N30 – PATIENT INELIGIBLE FOR THIS SERVICE.
- 18 – EXACT DUPLICATE CLAIM/SERVICE.
- 247 – A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE.

### Issues

1. Are the insurance carrier's denial reasons supported?
2. Is the requestor entitled to reimbursement for CPT Code 99213?
3. Is the requestor entitled to reimbursement for CPT Code 99080-73?

### Findings

1. A review of the submitted explanation of benefits (EOB), finds that the insurance carrier denied the disputed services based on the reason that the diagnoses are not covered, and the patient is not eligible for the professional medical services rendered. These denial reasons suggest an extent of injury issue.

28 TAC §133.305(b) states that if a dispute over the extent of a covered work injury exists for the same service for which there is a medical fee dispute, the dispute regarding the extent of injury shall be resolved prior to the submission of a medical fee dispute.

Review of the documentation submitted by the parties finds that the carrier did not provide documentation to DWC to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H).

The respondent did not submit information to MFDR, sufficient to support that a PLN had ever been presented to the requestor or that the requestor had otherwise been informed of a PLN prior to the date that the request for medical fee dispute resolution was filed with DWC; therefore, DWC finds that the extent of injury denial was not timely presented to the requestor in the manner required by 28 TAC §133.240.

Because the service in dispute does not contain an unresolved extent of injury issue, this matter is ripe for adjudication of a medical fee dispute resolution under 28 TAC §133.307.

DWC finds that the insurance carrier's denial reasons are not supported. Therefore, this medical fee dispute will be adjudicated pursuant to the applicable rules and guidelines.

2. The requestor is seeking reimbursement in the amount of \$174.71 for CPT code 99213 rendered on July 14, 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." 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 date of service is July 14, 2023.
- The disputed service was rendered in zip code 75211, 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 the disputed date of service.
  - The requestor is seeking reimbursement in the amount of \$174.71.
  - The respondent paid \$0.00.
  - Reimbursement in the amount of \$174.71 for CPT code 99213 rendered on July 14, 2023, is recommended.
3. The requestor is seeking reimbursement in the amount of \$15.00 for a Work Status Report, billed as CPT code 99080-73, rendered on July 14, 2023.

DWC finds that 28 TAC §129.5 applies to the reimbursement of Work Status Reports.

28 TAC §129.5(i)(1) states "... 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 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."

A review of the submitted medical records finds that on the disputed date of service, the health care provider rendered and documented a Work Status Report, as well as billed appropriately for the report, as required per 28 TAC §129.5.

Because the insurance carrier's denial reasons are not supported, DWC finds that the requestor is entitled to reimbursement in the amount of \$15.00 for CPT code 99080-73, Work Status Report, rendered on July 14, 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 requestor has established that reimbursement is due in the amount of \$189.71.

### **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 Indemnity Insurance Co. of North America must remit to Peak Integrated Healthcare \$189.71 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

\_\_\_\_\_  
October 23, 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 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.texas.gov](mailto:CompConnection@tdi.texas.gov).