TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
PEAK INTEGRATED HEALTHCARE

Respondent Name
ACE AMERICAN INSURANCE COMPANY

MFDR Tracking Number
M4-24-0191-01

Carrier's Austin Representative
Box Number 15

DWC Date Received
September 27, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 29, 2023 and August 10, 2023	99213, 99080-73	$379.42	$ 379.42
	Total	$379.42	$379.42

Requestor's Position

"We received no other reason for denial of payment. Office visits are allowed payment for compensable injury."

Amount in Dispute: $379.42

Respondent's Position

"Attached is a copy of a Designated Doctor's report that supports our position that the bill was properly denied as unrelated to the compensable injury."

Response Submitted by: ESIS

Findings and Decision

Authority

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 §133.307) sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.305 sets out the general Medical Dispute Resolution guidelines.
3. 28 TAC §134.203 sets out the fee guideline for professional medical services.
4. 28 TAC §129.5 sets out the fee guidelines for the Work Status reports.
5. 28 TAC §134.220 sets out the fee guidelines for case management.

Denial Reasons

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

- 1 - Charge unrelated to the compensable injury.
- 2 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 3 – These are non-covered services because this is not deemed a medical necessity by the payer.

Issues

1. Does the dispute contain an unresolved extent of injury and unnecessary medical issues?
2. What is the description of CPT codes 99080-73 and 99213?
3. Is the requestor entitled to reimbursement for CPT Code 99080-73?
4. Is the requestor entitled to reimbursement for CPT Code 99213?
5. Is the Requestor entitled to reimbursement?

Findings

1. The insurance carrier denied the disputed services due to an unresolved extent of injury issue and an unresolved medical necessity issue.

   28 TAC §133.305(b) states that if a dispute over the extent of injury or medical necessity exists for the same service for which there is a medical fee dispute, the dispute regarding the extent of injury and medical necessity 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 the Division 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 the PLN had been presented to the requestor or that the requestor had otherwise been informed of the PLN prior to the date that the request for medical fee dispute resolution was filed with the DWC; therefore, the 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 eligible for adjudication of a medical fee under 28 TAC §133.307. For that reason, this matter is addressed pursuant to the applicable rules and guidelines.

Review of the documentation provided by the parties finds that the carrier did not provide a copy of a peer review pursuant to 28 TAC §133.307 (d)(2)(I) which requires that the insurance carrier attach documentation that supports an adverse determination in accordance with §19.2005 of this title (concerning General Standards of Utilization Review).

The DWC finds that the medical necessity denial was not timely presented to the requestor in the manner required by 28 TAC §133.240. For that reason, this matter is addressed pursuant to the applicable rules and guidelines.

2. The requestor seeks reimbursement for CPT Codes 99213, and 99080-73 rendered on June 29, 2023 and August 10, 2023.

   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."

   The requestor billed CPT Code 99213.

   - 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. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter."

   The DWC finds that 28 TAC §134.203 applies to the reimbursement of CPT Code 99213.

   The requestor billed CPT Code 99080-73.

   - CPT Code 99080-73 is described as "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.

3. 28 TAC §129.5 applies to the reimbursement of CPT code 99080-73. The requestor provided a work status report on June 29, 2023 and August 10, 2023.

   28 TAC §129.5(i)(1) 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 (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."

A review of the DWC 73 rendered on June 29, 2023 and August 10, 2023 finds that the requestor met the documentation requirements outlined in 28 TAC §129.5, therefore, reimbursement of $15.00 is recommended for each report.

4. 28 TAC §134.203 applies to the reimbursement of CPT code 99213 rendered on June 29, 2023 and August 10, 2023.

   A review of the office visit reports finds that the requestor documented and billed CPT code 99213, as a result, the requestor is entitled to reimbursement for each office visit.

   28 TAC §134.203 states in pertinent part, "(c) 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. 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: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

   Date of service rendered in 2023

   - The 2023 DWC Conversion Factor is 64.83
   - The 2023 Medicare Conversion Factor is 33.8872
   - Per the medical bills, the service was rendered in zip code 75043; the Medicare locality is "Dallas."
   - The Medicare Participating amount for CPT code 99213 at this locality is $91.33.
   - Using the above formula, the DWC finds the MAR is $174.72.
   - The requestor seeks $174.71 for each date of service.
   - The respondent paid $0.00.
   - The requestor is due $174.71 for each date of service, for a total recommended amount of $349.45.

5. The DWC finds that the requestor is entitled to reimbursement in the amount of $379.42. This amount 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.

The DWC finds the requester has established that reimbursement of is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requestor $379.42 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		December 21, 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. 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.