



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

American Zurich Insurance Co.

MFDR Tracking Number

M4-24-0576-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 7, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 15, 2023	99361-W1	\$85.00	\$0.00
October 4, 2023	99213	\$61.71	\$61.71
October 4, 2023	99080-73	\$0.00	\$0.00
Total		\$146.71	\$61.71

Requestor's Position

"We disagree that these should be denied full payment based on workers comp fee adjustment. We have charged allowed amounts."

Amount in Dispute: \$146.71

Respondent's Position

"The current dispute involves CPT codes 99361, 99213 and 99080 with a total charge of \$302.71 for a 09/15/2023 and 10/4/2023 date of service. The bill was reduced to \$156.00 and paid. The carrier's position remains consistent with its EOB."

Response Submitted by: Flahive, Ogden & Latson

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 §134.220](#) sets out the fee guidelines for case management services.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Adjustment Reasons

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

- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.

Issues

1. Did the insurance carrier's explanation of benefits (EOB) address the professional medical services as charged on the medical bill?
2. Is the requestor entitled to additional reimbursement for CPT code 99361-W1 rendered on September 15, 2023?
3. Is the requestor entitled to additional reimbursement for CPT Code 99213 rendered on October 4, 2023?

Findings

1. A review of the submitted documentation finds that the requestor billed for two dates of service on the same medical bill form. Per the medical bill submitted, the requestor charged \$113.00 for CPT code 99361-W1 rendered on September 15, 2023. The requestor also billed \$174.71 for CPT code 99213 and \$15.00 for 99080-73, both rendered on October 4, 2023.

A review of the EOBs submitted finds that CPT code 99080-73 has been reimbursed in full, and is not in dispute, therefore will not be discussed further in this review.

Further review of the EOBs submitted finds the following:

- For CPT code 99361-W1 rendered on September 15, 2023, the insurance carrier dropped the modifier W1 and allowed a reduced reimbursement in the amount of \$28.00 with reason code P12 defined above.
- The insurance carrier incorrectly omitted CPT code 99213 rendered on October 4, 2023, from the EOB documents, instead listing CPT code 99361-W1 as rendered on October 4, 2023.

DWC finds that the EOB documents do not address the professional medical services as charged on the medical bill.

2. The requestor is seeking additional reimbursement in the amount of \$85.00 for disputed CPT code 99361-W1 rendered on September 15, 2023.

28 TAC §134.220, which sets out reimbursement guidelines for case management services, states in pertinent part "Case management responsibilities by the treating doctor are as follows: (1) Team conferences and telephone calls shall include coordination with an interdisciplinary team. (A) Team members shall not be employees of the treating doctor... (B) Team conferences and telephone calls must be outside of an interdisciplinary program. Documentation shall include the purpose and outcome of conferences and telephone calls, and the name and specialty of each individual attending the team conference or engaged in a phone call. (2) Team conferences and telephone calls should be triggered by a documented change in the condition of the injured employee and performed for the purpose of coordination of medical treatment and/or return to work for the injured employee... 4) Case management services require the treating doctor to submit documentation that identifies any health care provider that contributes to the case management activity... "

A review of the submitted "Team Conference" report finds that it does not include the treating doctor signature or that he/she coordinated the case management; it does not specify that the team members are not employees of the treating doctor; the report does not document a change in the injured employee's condition triggering the need for a team conference.

DWC finds that the requestor did not comply with the requirements outlined in 28 TAC §134.220, therefore the requestor is not entitled to additional reimbursement for CPT code 99361-W1 rendered on September 15, 2023.

3. The requestor is seeking additional reimbursement in the amount of \$61.71 for CPT code 99213 rendered on October 4, 2023.

CPT Code 99213 is described 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)."

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 October 4, 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.
- The respondent paid \$113.00.
- The difference between the MAR and the amount paid is \$61.72. The requestor is seeking \$61.71 additional reimbursement for CPT code 99213 rendered on October 4, 2023. This amount is recommended.
- DWC finds that additional reimbursement in the amount of \$61.71 is due for CPT code 99213 rendered on October 4, 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 requestor has established that additional reimbursement in the amount of \$61.71 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 American Zurich Insurance Co., must remit to Peak Integrated Healthcare, \$61.71 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	December 12, 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 electrónico CompConnection@tdi.texas.gov.