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
Zurich American Insurance Co.

MFDR Tracking Number
M4-24-0589-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
November 8, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
June 12, 2023	99213	$174.71	$174.71
June 12, 2023	99080-73	$15.00	$15.00
July 10, 2023	99080-73	$15.00	$0.00
July 10, 2023	99213	$174.71	$174.71
	Total	$379.42	$364.42

Requestor's Position

"We received no response of denial or payment for these dates of service."
Amount in Dispute: $379.42

Respondent's Position

The Austin carrier representative for Zurich American Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on November 14, 2023. Per 28 TAC §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 resolving medical fee disputes.
2. 28 TAC §133.240 sets out the procedures for medical bill processing by insurance carriers.
3. 28 TAC §133.250 sets out the procedures for reconsideration of medical bills.
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 the DWC73 Work Status Reports.

Denial Reasons

- There were no EOBs submitted by either party.

Issues

1. Has the insurance carrier taken final action on the disputed medical bills in accordance with 28 TAC §133.240?
2. Is the requestor entitled to reimbursement for the professional medical services rendered on June 12, 2023?
3. Is the requestor entitled to reimbursement for the professional medical services rendered on July 10, 2023?

Findings

1. 28 TAC §133.240, sets out the procedures for medical bill processing by insurance carriers, states in pertinent part, "(a) An insurance carrier shall take final action after conducting bill review on a complete medical bill or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended as a result of a pending request for additional documentation."

   28 TAC §133.250, which sets out procedures for reconsideration of medical bills states in pertinent part, "(c) A health care provider shall not submit a request for reconsideration until: (1) the insurance carrier has taken final action on a medical bill; or (2) the health care provider has not received an explanation of benefits within 50 days from submitting the medical bill to the insurance carrier … (g) The insurance carrier shall take final action on a reconsideration request within 30 days of receiving the request for reconsideration. The insurance carrier shall provide an explanation of benefits: (1) in accordance with §133.240(e) - (f) of this title (relating

to Medical Payments and Denial) for all items included in a reconsideration request in the form and format prescribed by the division when there is a change in the original, final action; or (2) in accordance with §133.240(e)(1) and §133.240(f) of this title when there is no change in the original, final action."

A review of the submitted documents finds no insurance carrier response to this medical fee dispute. DWC finds no evidence that the insurance carrier has taken any action on these disputed original medical bills, nor on the reconsideration request medical bills, as of the date of this review.

DWC finds that the insurance carrier has not taken final action on the disputed medical bills for services rendered on June 12, 2023, and July 10, 2023, in accordance with 28 TAC §133.240.

2. The requestor is seeking reimbursement in the amount of $174.71 for CPT Code 99213 and in the amount of $15.00 for CPT code 99080-73, rendered on June 12, 2023. Because no action has been taken on these disputed services, in accordance with 28 TAC §133.240, DWC finds that the requestor is entitled to adjudication for 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. 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 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:
   (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR.

   - The disputed date of service is June 12, 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 this disputed date of service.
- The respondent paid $0.00.
- The requestor seeks $174.71; therefore, this amount is recommended for reimbursement of CPT code 99213 rendered on June 12, 2023.

The requestor is seeking reimbursement in the amount of $15.00 for CPT code 99080-73 rendered on June 12, 2023. 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."

DWC finds that 28 TAC §129.5 applies to the reimbursement of CPT Code 99080-73.

28 TAC §129.5(i)(1) states in pertinent part, "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 submitted documentation finds that the health care provider documented and billed for CPT code 99080-73 in compliance with 28 TAC §129.5. Therefore, DWC finds that the requestor is entitled to reimbursement in the amount of $15.00 for the Work Status Report, CPT 99080-73, rendered on June 12, 2023.

DWC finds that the requestor is entitled to reimbursement in the amount of $174.71 for CPT code 99213 and in the amount of $15.00 for CPT code 99080-73, both rendered on June 12, 2023.

3. The requestor is seeking reimbursement in the amount of $174.71 for CPT Code 99213 and in the amount of $15.00 for CPT code 99080-73, rendered on July 10, 2023. Because no action has been taken on these disputed services, in accordance with 28 TAC §133.240, DWC finds that the requestor is entitled to adjudication for reimbursement.

The description of CPT code 99213 and the applicable reimbursement rules are described in finding number 2 above.

To determine the MAR the following formula is used:
(DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR.

- The disputed date of service is July 10, 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 this disputed date of service.
- The respondent paid $0.00.
- The requestor seeks $174.71; therefore, this amount is recommended for reimbursement of CPT code 99213 rendered on July 10, 2023.

The requestor is seeking reimbursement in the amount of $15.00 for CPT code 99080-73 rendered on July 10, 2023. 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."

DWC finds that 28 TAC §129.5 applies to the reimbursement of CPT Code 99080-73.

28 TAC §129.5(i)(1) states in pertinent part, "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 medical record and Work Status Report rendered on July 10, 2023, finds that there was no change in activity restrictions to report in comparison to the previous Work Status Report from June 12, 2023. The review of submitted documentation finds that July 10, 2023, was not an initial examination.

DWC finds that the Work Status Report rendered on July 10, 2023, was not rendered in compliance with 28 TAC §129.5. Therefore, DWC finds that the requestor is not entitled to reimbursement for CPT code 99080-73 on date of service July 10, 2023.

DWC finds that the requestor is entitled to reimbursement in the amount of $174.71 for CPT code 99213 and in the amount of $0.00 for CPT code 99080-73, both rendered on July 10, 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 total amount of $364.42 for services rendered on June 12, 2023, and on July 10, 2023.

ORDER

Under Texas Labor Code §§413.031, DWC has determined the requestor is entitled to reimbursement for some of the disputed services. It is ordered that Zurich American Insurance Co., must remit to Peak Integrated Healthcare, $364.42 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		February 9, 2024
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.