TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Peak Integrated Healthcare

Respondent Name
Fedex Ground Package System Inc

MFDR Tracking Number
M4-23-1190-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
January 25, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 19, 2022	99213	$167.22	$0.00
September 19, 2022	99080-73	$15.00	$0.00
	Total	$182.22	$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of a reconsideration dated October 19, 2022, with a hand-written note dated January 25, 2023 that states "...see also attached 3/15/22 paid office visit for same diagnosis and CPT code."

Amount in Dispute: $182.22

Respondent's Position

"The provider filed a DWC-60 seeking medical fee dispute resolution for a service date of September 19, 2022, which is for a (redacted) date of injury. The services are more than seven years post injury. The medical bill was denied. However, the carrier is going to reevaluate its position. We are attaching a copy of the carrier's EOR dated September 29, 2022 in response to the provider's CMS-1500. If the carrier's position changes, it will supplement this response.

Response submitted by: Flahive, Ogden & Latson

Supplemental response dated February 22, 2023

"Carrier has previously responded to this dispute on 2/14/2023. We are attaching a copy of the carrier's EOR dated September 29, 2022. The service was denied on the basis of lack of preauthorization. Additionally, the claimant is in the Sedgwick preferred network which is a certified health care network. Medical fee disputes handled by DWC's Medical Review Division are limited to non-network medical fee disputes."

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC 134.600 sets out requirements of prior authorization.
3. 28 TAC §129.5 sets out the billing guidelines for work status reports.
4. 28 TAC §134.203 sets out the billing and fee guidelines for professional medical services.

Denial Reasons

The insurance carrier denied the disputed service(s) with the following claim adjustment codes.

- 5264 – Payment is denied-service not authorized.
- 5477 – Charges denied as claim is still under investigation.
- 197 – Payment denied/reduced for absence of precertification/authorization.
- P8 – Claim is under investigation.
- 247 – A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service.

Issues

1. Is the respondent's position supported?
2. Was prior authorization required?
3. What rule(s) are applicable to reimbursement?
4. Are the required documentation elements for work status reports supported?
5. Is the requestor due payment for the services in dispute?

Findings

1. The requestor is seeking reimbursement of professional medical services rendered in September of 2022. The insurance carrier states in their position statement, "…the claimant is in the Sedwick preferred network which is a certified health care network." Review of the submitted documentation and information known to the Division is insufficient to support the injured worker is in a certified health care network. The respondent's position is not supported and will not be considered in this review. The services in dispute will be reviewed per applicable fee guidelines.

2. The insurance carrier denied the disputed service based on lack of prior authorization. DWC Rule 28 TAC §134.600 (p) identifies the non-emergency health care requiring preauthorization. Review of this rule does not identify office visits and work status reports as services subject to preauthorization requirements. The DWC finds that the insurance carrier's denial reason is not supported. The disputes services will be reviewed per applicable DWC rules and fee guidelines.

3. DWC Rule 28 TAC §134.203 (b) states in pertinent part, for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the Medicare payment policies, including is coding; billing; correct coding initiatives (CCI) edits.

   - 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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded."

   - The American Medical Association (AMA) CPT Code and Guideline Changes, effective January 1, 2021, can be found at: https://www.ama-assn.org/system/files/2019-06/cptoffice-prolonged-svs-code-changes.pdf.

   In summary, CPT 99213 documentation must contain a low level of medical decision making.

   An interactive E&M scoresheet tool is available at: www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet. A review of the submitted medical documentation indicates.

   - Minimal number and complexity of problems addressed.
   - Minimal risk of complications and/or morbidity or mortality,
   - Minimal risk of complications and/or morbidity or mortality or patient.

For these reasons, medical documentation submitted did not meet AMA criteria for reimbursement of CPT code 99213.

DWC finds that the insurance carrier's denial reason is supported and as a result, the requestor is not entitled to reimbursement for CPT code 99213 rendered on September 19, 2022.

4. DWC Rule 28 TAC §129.5 (e)(1)(2)(3) and (g)(1)(2) states, "The doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report:

   (1) after the initial examination of the injured employee, regardless of the injured employee's work status;

   (2) when the injured employee experiences a change in work status or a substantial change in activity restrictions; and

   (3) on the schedule requested by the insurance carrier, its agent, or the employer requesting the report through its insurance carrier, which shall not exceed one report every two weeks and which shall be based upon the doctor's, delegated physician assistant's, or delegated advanced practice registered nurse's scheduled appointments with the injured employee.

   (g) In addition to the requirements under subsection (e) of this section, the treating doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report with the insurance carrier, employer, and injured employee within seven days of the day of receipt of:

   (1) functional job descriptions from the employer listing available modified duty positions that the employer is able to offer the injured employee as provided by §129.6(a) of this title (relating to Bona Fide Offers of Employment); or

   (2) a required medical examination doctor's Work Status Report that indicates that the injured employee can return to work with or without restrictions.

   Review of the submitted documentation found insufficient evidence to support the requirements of the rules shown above were met. No payment is recommended.

5. The DWC finds no payment is recommended for the services in dispute.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	April 19, 2024 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.