



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated Healthcare

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-23-2104-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

April 26, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 3, 2023	99213	\$174.71	\$0.00
January 3, 2023	99080-73	\$15.00	\$0.00
January 23, 2023	99361-W1	\$113.00	\$0.00
February 8, 2023	99213	\$174.71	\$0.00
February 8, 2023	99080-73	\$15.00	\$0.00
<b>Total</b>		<b>\$492.42</b>	<b>\$0.00</b>

### Requestor's Position

"The requestor did not submit a position statement with this request for MFDR but did submit a copy of a reconsideration dated April 14, 2023 that states, "Dates of service 01/03/,02/08/2023. ...I have attached the original claim with the original date that it was sent as well as the patient ledger which is a direct printout from our system showing the date order they were initially sent. ...CPT code 99361-W1 is for team conferences... ...These team conferences are necessary for patients continue care."

**Amount in Dispute:** \$492.42

### Respondent's Position

"Payment was made for date of service 1/3/23 on 1/25/23 and shown on the attached EOB.

Texas Mutual Insurance Company has not received bills for dates of service 1/23/23 or 2/8/23.”

**Response Submitted by:** Texas Mutual

## **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 §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 Texas Administrative Code §134.20](#) sets out requirements of medical bill submission.
3. [28 Texas Administrative Code §129.5](#) sets out requirements of work status reports.
4. [28 Texas Administrative Code §134.203](#) sets out the fee guidelines for professional services.
5. [Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.

### Denial Reasons

- P12 – Workers compensation jurisdictional fee schedule adjustment.
- 248 – DWC-73 in excess of the filing requirements; no change in work status and/or restrictions; Reimbursement denied per Rule 129.5.

### Issues

1. Is the insurance carrier’s denial supported?
2. Is the requestor due additional reimbursement for 99213 for date of service January 3, 2023,
3. Did the requestor support timely submission of medical claim?

### Findings

1. The requestor is seeking reimbursement for professional medical claims with several dates of service. The claim for Code 99080 -73 for date of service January 3, 2023, the insurance carrier denied per Rule 129.5. DWC Rule 28 TAC 129.5 (e) states in pertinent part, (e)(1)(2)(3) The doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report, after the initial examination of the injured employee,

regardless of the injured employee's work status; when the injured employee experiences a change in work status or a substantial change in activity restrictions; and 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.

Review of the submitted documentation and reconsideration did not support the injured employee experienced a change in work status, activity restrictions or on the schedule requested by the insurance carrier. The insurance carrier's denial is supported. No additional payment is recommended,

2. The requestor included Code 99213 for date of service January 3, 2023 on their request for MFDR. The insurance carrier included an explanation of benefits that indicates a payment of \$174.72. The requestor maintained the dispute.

DWC 28 TAC §134.203 (c)(1) & (2) states in pertinent parts, (c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. For service categories of, Physical Medicine and Rehabilitation, when performed in an office setting, the established conversion factor to be applied is date of service annual conversion factors. 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.

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR

$$64,83/33.8872 \times \$91.33 \text{ (location Dallas, Texas)} = \$174.72$$

The requestor submitted evidence of payment of \$174.72 on January 25, 2023. No additional payment is recommended.

3. Regarding dates of service January 23, 2023 and February 8, 2023. Neither party submitted evidence of adjudication of these services.

DWC Rule 28 TAC §102.4 (h) Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on:

- (1) the date received if sent by fax, personal delivery, or electronic transmission; or
- (2) the date postmarked if sent by mail through United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

DWC Rule 28 TAC §133.20 (b) states in pertinent part,

- (b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Texas Labor Code §408.0272. (b) states in pertinent part,

(b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

(1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

(A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;

(B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or

(C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Review of the submitted documentation found the "general ledger" submitted as proof of filing does not meet the requirements of DWC Rule 28 TAC §102.4.

Insufficient documentation found to support an exception to timely filing as detailed in DWC Rule 28 TAC §133.20 exists.

No payment 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.

DWC finds the requestor has not established that additional reimbursement is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

June 21, 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).