



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Lankford Hand Surgery

**Respondent Name**

Travelers Indemnity Co.

**MFDR Tracking Number**

M4-24-0867-01

**Carrier's Austin Representative**

Box Number 05

**DWC Date Received**

December 14, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 27, 2023	99213, 99080	\$210.00	\$15.00

### Requestor's Position

"cleared check not endorsed by Lankford Hand Surgery"

**Amount in Dispute:** \$210.00

### Respondent's Position

"The Provider contends they did not receive the payment for the disputed services. The Explanation of Reimbursement and payment were sent to the address associated with the FEIN tax ID on the billing. The address matches that of the Provider on the letterhead of page 7 of the Provider's Request for Medical Fee Dispute Resolution. There is a presumption of receipt for properly addressed mail submitted to the United States Postal Service. Given that the check was apparently received and negotiated *by someone in their own office*, the onus is on the Provider to track down the payment. As payment has been issued to the Provider by the Carrier for the disputed date of service, received and negotiated, the Carrier contends no additional reimbursement is due."

**Response Submitted by:** Travelers

## 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 \(TAC\) §129.5](#) sets out the procedures for work status reports.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.203](#) sets out the fee guidelines for professional medical services.

### Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 56 – Significant, separately identifiable E/M service rendered.
- 190 – Billing for report and/or record review exceeds reasonableness.
- 18 – Exact duplicate claim/service.
- 247 – A payment or denial has already been recommended for this service.
- DUPL – these services have already been considered for reimbursement.

### Issues

1. Is Lankford Hand Surgery entitled to additional reimbursement for the services in question?

### Findings

1. Lankford Hand Surgery is seeking reimbursement for an examination and work status report with date of service June 27, 2023.

Reimbursement for professional services is found in 28 TAC §134.203, which states, in relevant part: "(b) 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."

Procedure 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.”

To determine the MAR, the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) x Medicare Participating Amount.

- The DWC conversion factor for 2023 is 64.83.
- The Medicare conversion factor for 2023 is 33.89.
- Per the submitted medical bills, the service was rendered in zip code 75231 which is in Medicare locality 0441211.

The Medicare participating amount for CPT code 99213 is \$91.33. The MAR is calculated as follows:  $(64.83/33.89) \times \$91.33 = \$174.71$ .

Per 28 TAC §129.5(j)(1), procedure code 99080 with modifier 73 represents a work status report filed in accordance with 28 TAC §§129.5(e)(1), (e)(2), and (g) which require the report to be filed

- 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;
- 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 scheduled appointments with the injured employee;
- within seven days of the day of receipt of functional job descriptions from the employer listing available modified duty positions that the employer is able to offer the injured employee; and
- within seven days of the day of receipt of a required medical examination doctor's Work Status Report that indicates that the injured employee can return to work with or without restrictions.

The insurance carrier denied payment stating that “BILLING FOR REPORT AND/OR RECORD REVIEW EXCEEDS REASONABLENESS.” The DWC finds that the submitted documentation failed to support that the report was not filed in accordance with 28 TAC §129.5. Subsection (j) states that reimbursement for this service is \$15.00.

The total allowable reimbursement for the services in question is \$189.71. The submitted documentation supports that the insurance carrier paid \$174.71. An additional reimbursement of \$15.00 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 established that additional reimbursement of \$15.00 is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Travelers Indemnity Co. must remit to Lankford Hand Surgery \$15.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

## **Authorized Signature**

_____	_____	March 28, 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](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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).