



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

UMC Physician Network

Respondent Name

Lubbock ISD

MFDR Tracking Number

M4-24-0945-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

January 2, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 21, 2023	99214	\$165.09	\$165.09
Total		\$165.09	\$165.09

Requestor's Position

"...denied bill due to no further treatment is[sic] reasonable, necessary and/or related per the ODG. According to TAC Rule 180.28, a peer review cannot be a review for all future treatment. Dr. Barker sent a letter to adjuster on 09/30/2023 to support why claimant continues to need treatment for work injury. Please review supporting documentation."

Amount in Dispute: \$165.09

Respondent's Position

"The employee had a physical medical exam by Dmitry Golovko M.D. P.A. on September 7, 2023. This was an approved Required Medical Examination ordered by the Division of Workers' Compensation. Dr. Golovko opined further medical treatment is not reasonable, necessary, or related to the... work injury. A copy of Dr. Golovko's report was previously sent to Dr. Barker prior to the September 21, 2023, date of service.

Response Submitted by: Athens

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](#)) [§133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

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

- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies.
- 18 – Exact duplicate claim/service.
- Note: Denied by adjuster. Services denied per RME report date 9.7.23

Issues

1. Is the insurance carrier's denial supported?
2. Is the requestor entitled to reimbursement?

Findings

1. This dispute pertains to the non-payment of an office visit billed under CPT code 99214 and rendered on September 21, 2023. The requestor is seeking reimbursement in the amount of \$165.09. Using the previously mentioned denial reduction codes, the insurance carrier audited and denied the disputed service.

The insurance carrier obtained a required medical examination (RME) and denied the disputed service based on the findings of an RME report.

The insurance carrier states, "Dr. Golovko opined further medical treatment is not reasonable, necessary or related to the... work injury." The DWC finds the following:

Sec. 408.021. ENTITLEMENT TO MEDICAL BENEFITS. (a) An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:

- (1) cures or relieves the effects naturally resulting from the compensable injury.
- (2) promotes recovery; or
- (3) enhances the ability of the employee to return to or retain employment.

(b) Medical benefits are payable from the date of the compensable injury.

(c) Except in an emergency, all health care must be approved or recommended by the employee's treating doctor.

(d) An insurance carrier's liability for medical benefits may not be limited or terminated by agreement or settlement

Sec. 415.002. ADMINISTRATIVE VIOLATION BY INSURANCE CARRIER... (a) An insurance carrier or its representative commits an administrative violation if that person... (21) makes a statement denying all future medical care for a compensable injury..."

The DWC finds that the insurance carrier's denial reason is not supported. The disputed service is therefore reviewed pursuant to the applicable rules and guidelines.

2. The fee guidelines for disputed services are found at 28 TAC §134.203.

28 TAC §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.

CPT code 99214 is described as "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family."

A review of the submitted medical report supports the level of service billed under CPT code 99214; therefore, reimbursement is recommended.

28 TAC §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...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 \$53.68..."

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

- The 2023 DWC Conversion Factor is 64.83
- The 2023 Medicare Conversion Factor is 33.8872.
- The services were rendered in zip code 79407.
- The Medicare locality is "Rest of Texas."
- The Medicare Participating amount for CPT code 99214 at this locality is \$124.36.

- Using the above formula, the DWC finds the MAR is \$237.91.
- The respondent paid \$0.00.
- The requestor seeks \$165.09
- Reimbursement of \$165.09 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 reimbursement of \$165.09 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$165.09 reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requestor \$165.09 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		April 15, 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 three, 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 tres o correo electrónico CompConnection@tdi.texas.gov.