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 Company
C/O Stone, Loughlin & Swanson

MFDR Tracking Number
M4-24-1019-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
January 11, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 7, 2023, through August 21, 2023	99213, 99080-73	$1,093.26	$903.55
	Total	$1,093.26	$903.55

Requestor's Position

"Due to a recent internal audit in our office, we have found the attached claims remain unpaid. The original bills were sent well before the time limit of 95 days for finding as demonstrated on the 2 forms of proof attached. SEE 4/19/2023 OFFICE VISIT PAID IN FULL."

Amount in Dispute: $1,093.26

Respondent's Position

"Carrier denied these bills, among other reasons, because the information submitted did not support the frequency of the services. Carrier stands by the reasons for denial of payment set forth in its Explanation of Benefits previously filed in this dispute.

Response Submitted by: Stone Loughlin Swanson

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.
4. 28 TAC §133.240 sets out guidelines for medical bill processing and audits by insurance carriers.
5. TAC §19.2009 sets out guidelines for notice of determinations made in Utilization Review.
6. TAC §19.2010 sets out guidelines for utilization reviews for health care and requirements prior to issuing adverse determinations.

Denial Reasons

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

- @G(W3) – No additional reimbursement allowed after review of appeal/reconsideration.
- YO(P12) – Denial after reconsideration.
- 002 – This service is unrelated to the Claim. The charge for this service is the Claimant's responsibility. Please contact the Claimant for payment or for other insurance information.
- 003 – The Carrier has no liability for these charges. The charge is the Claimant's responsibility. Please contact the Claimant for payment or for other insurance information.
- 05P – Procedure/Service unrelated to reported Injury/accepted claim.
- NOPA – This charge is Denied as the service(s) was not authorized.
- G55 – This service appears to be unrelated to the patient's diagnosis.
- 01(P12) – The charge for the procedure exceeds the amount indicated in the fee schedule.
- OJ(P12) – The services have been rendered by a physician assistant, nurse practitioner, or clinical nurse specialist. The payment is eighty-five (85%) percent of the physician's fee schedule value. For assistant-at-surgery services the payment is eighty-five (85%) percent of the sixteen (16%) percent physician assistant surgeon allowance.
- NOPA – This charge is Denied as the service(s) was not authorized during the Utilization Review process. If you disagree, please contact the Claims Examiner at the Phone Number listed above or Medata's UR Department at (855) 445-0306.

Issues

1. Is the insurance carrier's denial reason "OJ(P12)" supported?
2. Did the insurance carrier issue payment for date of service August 7, 2023?
3. Is the denial reason for lack of authorization supported?
4. Is the denial reason for extent of injury supported?
5. Is the requestor entitled to reimbursement for CPT code 99213?
6. Is the requestor entitled to reimbursement for CPT code 99080-73?

Findings

1. The requestor seeks reimbursement for office visits, billed under CPT code 99213 and rendered on June 7, 2023, through August 21, 2023. The insurance carrier denied the disputed services with denial reduction code "OJ(P12) - The services have been rendered by a physician assistant, nurse practitioner, or clinical nurse specialist. The payment is eighty-five (85%) percent of the physician's fee schedule value. For assistant-at-surgery services the payment is eighty-five (85%) percent of the sixteen (16%) percent physician assistant surgeon allowance."

   A review of the office notes and the CMS-1500s finds that Bryce Kindley, DC rendered the disputed service. As a result, the denial reason "OJ(P12)," is not supported. The disputed services are decided based on the applicable rules and guidelines.

2. The requestor seeks reimbursement for CPT code 99213, and 99080-73 rendered on August 7, 2023. A review of the explanation of benefits (EOB) finds that the insurance carrier issued a payment in the amount of $15.00 for CPT code 99080-73 and $174.71 for CPT code 99213, under check #3333067. As a result, additional reimbursement is not recommended.

3. This dispute pertains to the non-payment of office visits and work status reports, billed under CPT codes 99213 and 99080-73, and rendered on June 7, 2023, through August 21, 2023. The requestor is seeking reimbursement in the amount of $1,093.26. The insurance carrier audited and denied the disputed services with denial reduction codes indicated below.

   "NOPA – This charge is Denied as the service(s) was not authorized."

   "NOPA – This charge is Denied as the service(s) was not authorized during the Utilization Review process. If you disagree, please contact the Claims Examiner at the Phone Number listed above or Medata's UR Department at (855) 445-0306."

   28 TAC §133.240(q) states that the insurance carrier is required to comply with 28 TAC §19.2009 (relating to Notice of Determinations Made in Utilization Review) and 19.2010 (relating to Requirements Prior to Issuing Adverse Determination) when denying payment based on an adverse determination.

   The respondent presented no documentation to support that a utilization review has been performed. DWC finds that the insurance carrier's denial reasons are not supported. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

4. The requestor is seeking reimbursement in the amount of $1,093.26 for office visits and work status reports, billed under CPT codes 99213 and 99080-73, and rendered on June 7, 2023, through August 21, 2023. The insurance carrier denied the disputed services with denial reduction codes, 002, 003, 05P, and G55, descriptions provided above.

   28 TAC §133.305(b) states that if a dispute regarding extent of injury exists for the same service for which there is a medical fee dispute, the dispute regarding extent of injury shall be resolved prior to the submission of a medical fee dispute.

   A review of the documentation submitted by the parties finds that the carrier did not provide a copy of the Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H).

   The DWC finds that the respondent did not submit information to MFDR, sufficient to support that the PLN had ever been presented to the requestor or that the requestor had otherwise been informed of PLN prior to the date that the request for medical fee dispute resolution was filed with the DWC.

   Because the service in dispute does not contain an unresolved extent of injury issue, this matter is eligible for adjudication of a medical fee under 28 TAC §133.307. For that reason, this matter is addressed pursuant to the applicable rules and guidelines.

5. 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 (MDM). 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 disputed service 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… (2)… 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 dates of service are June 7, 2023, through August 21, 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 for CPT code 99213 is $174.72.
- The respondent paid $0.00.
- The requestor billed $174.71 for CPT code 99213, rendered on June 7, 2023, June 21, 2023, July 11, 2023, July 25, 2023, and August 21, 2023.
- The amount of $174.71 is the recommended reimbursement amount, as it is the lesser of the MAR and the amount charged.
- The total reimbursement amount of $873.55 is recommended for dates of service, June 7, 2023, June 21, 2023, July 11, 2023, July 25, 2023, and August 21, 2023.

6. 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."

   28 TAC §134.204 (l) states "The following shall apply to Work Status Reports. When billing for a Work Status Report that is not conducted as a part of the examinations outlined in subsections (i) and (j) of this section, refer to §129.5 of this title (relating to Work Status Reports)."

   28 TAC §129.5(i)(1) states "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 Work Status Reports finds that the requestor billed in accordance with 28 TAC §129.5 (d)(1) and (2); therefore, reimbursement in the amount of $15.00 for each date of service, July 11, 2023, and July 25, 2023, is recommended. The total MAR of $30.00 is due to the requestor.

The DWC finds that the requestor supported that reimbursement in the amount of $903.55 is due, this amount 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.

The DWC finds the requester has established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to $1,093.26 reimbursement for the disputed services. It is ordered that the respondent must remit to the requestor $903.55, plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		September 13, 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, 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.