



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Markel Insurance Co

MFDR Tracking Number

M4-24-1389-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

February 27, 2024

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| January 10, 2024 | 99422 | \$134.39 | \$8.98 |
| January 10, 2024 | 99080-73 | \$0.00 | \$0.00 |
| Total | | \$134.39 | \$8.98 |

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of their request for reconsideration that states, "This date of service was denied full payment due to 'workers compensation jurisdictional fee adjustment.' **This is INCORRECT. The encounter states the type of visit, a 99442, a teleconference visit due to patient being in hospital. I have attached the allowable charge for such visit.**"

Amount in Dispute: \$134.39

Respondent's Position

"As reflected in the EOBs, Markel Insurance Company previously reimbursed Peak Integrated Healthcare on January 31, 2024 in the amount of \$65.89, in accordance with the Texas Workers' Compensation Act and Division Rules. As stated on the EOBs, reimbursement was calculated based on the professional fee schedule value for a non-physician practitioner."

Response Submitted by: Burns Anderson Jury & Brenner, L.L.P.

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the billing and fee guidelines for professional medical services.

Denial Reasons

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

- P12 – Workers' Compensation Jurisdictional fee schedule adjustment.
- J08 – Reimbursement has been calculated according to the guidelines for non-physician providers.
- G15 – Reimbursement is calculated based on the professional fee schedule value.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. What rule(s) are applicable to reimbursement?
2. Is requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement for code 99422 rendered January 10, 2024.
 - 99422 – Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes.

The insurance carrier reduced the billed amount based on workers compensation fee schedule adjustment and type of rendering provider. The applicable fee guideline for this professional service is found in DWC Rule 28 TAC §134.203 (b) that 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.

Professional medical services are subject to provisions of DWC Rule 28 TAC §134.203(c)(1)(2) which states in pertinent parts, "To determine the 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 \$67.81 (2024 DWC conversion factor)."

The MAR (maximum allowable reimbursement) calculation for the 2024 date of service is DWC Conversion Factor/Medicare Conversion Factor multiplied by CMS Physician fee schedule amount for location of service.

Review of the submitted medical bill found the Medicare locality to be Dallas, 11.

The 2024 CMS Conversion Factor is 32.7442.

The 2024 DWC Conversion factor is 67.81.

The CMS Physician Fee Schedule allowable for Dallas is \$28.91

- Code 99422 – $67.81/32.7442 \times \$28.91 = \59.87

2. The MAR for the disputed services is \$59.87. The insurance carrier paid \$50.89. The reduction based on type of rendering provider is not supported. The remaining balance of \$8.98 is due to the requestor.

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 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 Markel Insurance Co must remit to Peak Integrated Healthcare \$8.98 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 20, 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 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.