



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

Peak Integrated Healthcare

**Respondent Name**

Fedex Ground Package System, Inc.

**MFDR Tracking Number**

M4-24-1405-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

February 20, 2024

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 6, 2023	99213	\$174.71	\$174.71
December 6, 2023	99080-73	\$15.00	\$15.00
<b>Total</b>		<b>\$189.71</b>	<b>\$189.71</b>

### Requestor's Position

"We disagree that this was processed properly. This should be paid in full..."

**Amount in Dispute:** \$189.71

### Respondent's Position

The Austin carrier representative for Fedex Ground Package System, Inc. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 5, 2024. Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## 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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.
3. [28 TAC §129.5](#) sets out the fee guidelines for the DWC73 reports.

### Denial Reasons

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

- 242 - SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.
- 230 – TREATMENT NOT AUTHORIZED.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- W3 - IN ACCORDANCE WITH TDI-OWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 73 – WORK STATUS RPT/DISC OUTPATIENT.
- B13 – RE-EVALUATED; NO ADDITIONAL PAYMENT IS RECOMMENDED.

### Issues

1. Are the insurance carrier's denial reasons supported?
2. Is the requestor entitled to reimbursement for the services in dispute?

### Findings

1. The insurance carrier denied CPT code 99213 and 99080-73 rendered on December 6, 2023, with reason codes related to lack of authorization for care provided outside of a network.  
A review of the submitted documentation and information known to DWC finds no evidence that the injured employee's claim is within a certified network. Therefore, there is no evidence to support that the requestor provided out-of-network health care to the injured employee.  
DWC finds that the insurance carrier's denial reasons are not supported.
2. The requestor is seeking reimbursement in the total amount of \$189.71 for disputed CPT code 99213 and 99080-73 rendered on December 6, 2023. Because the insurance carrier's denial

reasons are not supported, DWC finds that the requestor is entitled to reimbursement.

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. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) 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."

To determine the MAR the following formula is used:

$(\text{DWC Conversion Factor} / \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$ .

- The disputed date of service is December 6, 2023.
- The disputed service was rendered in zip code 75211, 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 is \$174.72 for CPT code 99213 on the disputed date of service.
- The respondent paid \$0.00.
- The requestor charged \$174.71 for CPT code 99213 on the disputed date of service, therefore, this is the recommended reimbursement amount for this disputed service.

On the disputed date of service, the requestor rendered completion of a Work Status Report billed under CPT code 99080-73.

28 TAC §129.5 which sets out the fee guidelines for the DWC73 reports states in pertinent part, "(e) The doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report:

(1) after the initial examination of the injured employee, regardless of the injured employee's work status;

(2) when the injured employee experiences a change in work status or a substantial change in activity restrictions...

(J)... 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 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."

A review of the submitted documentation finds that the DWC 73, Work Status Report, rendered on December 6, 2023, met the documentation and medical billing requirements outlined in 28 TAC §129.5. DWC finds that the requestor is therefore entitled to reimbursement in the amount of \$15.00 for CPT Code 99080-73.

DWC finds that the requestor is entitled to reimbursement in the total amount of \$189.71 for disputed services rendered on December 6, 2023.

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 in the amount of \$189.71 is due.

**ORDER**

Under Texas Labor Code §§413.031, the DWC has determined the requestor is entitled to reimbursement for the disputed services.

It is ordered that Fedex Ground Package System, Inc. must remit to Peak Integrated Healthcare, \$189.71 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

April 30, 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](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).