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
Chubb Indemnity Insurance Co.

MFDR Tracking Number
M4-24-1423-01

Carrier's Austin Representative
Box Number 17

DWC Date Received
February 29, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
November 20, 2023	99213	$174.71	$174.71
	Total	$174.71	$174.71

Requestor's Position

"UPON RECONSIDERATION FOR NON RECIEPT OF PAYMENT OR DENIAL FOR THIS DATE OF SERVICE WE WERE TOLD PREVIOUSLY PAID, WHICH IS INCORRECT. WE HAVE RECEIVED NO PAYMENT FOR THIS DATE OF SERVICE."
Amount in Dispute: $174.71

Respondent's Position

"The treating doctor and provider did not submit pharmaceutical approval through utilization review to address the medical necessity for ongoing treatment, as directed by the adjuster."

Response Submitted by: Gallagher Bassett

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 §133.240 sets out guidelines for medical bill processing and audits by insurance carriers.
3. 28 TAC §133.305 sets out general Medical Dispute Resolution guidelines.
4. TAC §19.2009 sets out guidelines for notice of determinations made in Utilization Review.
5. TAC §19.2010 sets out guidelines for utilization reviews for health care and requirements prior to issuing adverse determinations.
6. 28 TAC §134.203 sets out the fee guideline for professional medical services.

Denial Reasons

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

Explanation of benefits (EOB) dated February 20, 2024

- 216 – Based on findings of a review organization.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous, payment.

EOB dated February 21, 2024

- P4 - Workers' Compensation claim adjudicated as non-compensable. This payer is not liable for the claim or service/treatment.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous, payment.

Issues

1. Does the insurance carrier's position statement reference the service in this dispute?
2. Are the insurance carrier's denial reasons supported?
3. Is the requestor entitled to reimbursement for CPT Code 99213 rendered on the disputed date of service?

Findings

1. This medical fee dispute involves an evaluation and management service billed under CPT code 99213. The insurance carrier in its position statement references a pharmaceutical service.

   The response does not discuss or reference the service in this dispute. Therefore, DWC will not consider the respondent's position statement in the request for medical fee dispute resolution (MFDR).

2. The insurance carrier denied CPT code 99213 rendered on November 20, 2023, with reason codes defined above.

   Per the submitted EOB dated February 20, 2024, the insurance carrier raised a denial based on utilization review. 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.

   The insurance carrier included a denial reason that the service has been previously paid. A review of the submitted documentation finds no evidence that the service in dispute has been previously paid or allowed any amount of reimbursement.

   Per the submitted EOB dated February 21, 2024, the insurance carrier denied payment of the service in dispute based on the claim having been adjudicated as non-compensable.

   28 Texas Administrative Code §133.305(b) requires that "If a dispute regarding … compensability exists for the same service for which there is a medical fee dispute, the disputes regarding … compensability shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and §408.021."

   The respondent is required to attach a copy of any related Plain Language Notice (PLN) if the medical fee dispute involves compensability or liability. Review of the submitted documentation finds that the respondent failed to attach a copy of a related PLN on behalf of the insurance carrier to support a denial based on relatedness to the compensable injury.

   DWC finds that the insurance carrier's denial reasons are not supported.

3. The requestor is seeking reimbursement in the amount of $174.71 for disputed CPT code 99213 rendered on November 20, 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:
(DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR.

- The disputed date of service is November 20, 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 is seeking $174.71 for CPT code 99213 rendered on the disputed date of service. Therefore, this amount is the recommended reimbursement amount.
- Reimbursement in the amount of $174.71 is recommended for CPT code 99213 rendered on November 20, 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 requester has established that reimbursement in the amount of $174.71 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 Chubb Indemnity Insurance Co., must remit to Peak Integrated Healthcare, $174.71 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		April 2, 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.