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
Parker Hannifin Corp

Carrier's Austin Representative
Box Number 19

MFDR Tracking Number
M4-24-1594-01

DWC Date Received
March 21, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 8, 2024	99213	$11.17	$11.17
January 8, 2024	99080-73	$15.00	$0.00
December 11, 2023	99361-W1	$0.00	$0.00
	Total	$26.17	$11.17

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of their reconsideration dated February 8, 2024 "Office visits are recommended to be medically necessary. FULL payment for the CPT code 99213, according to the **2024 fee schedule is $185.88**... **DWC-73 IS $15.00**."

Amount in Dispute: $26.17

Respondent's Position

"The carrier's position is supported based upon its EOBs."

Response Submitted by: Flahive, Ogden & Latson

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 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 denied/reduced the disputed service(s) with the following claim adjustment codes.

- 190 – Billing for report and/or record review exceeds reasonableness.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers Compensation jurisdictional fee schedule adjustment.
- 5508 – Comprehensive review consisting of the application of edits and rules set forth by the American Medical Association's current procedure terminology manual coupled with coding guidelines developed by National Societies and prevailing industry standards and coding practices.
- 16 – Claim/service lacks information or has submission/billing error(s), which is needed for adjudication.
- W3 – Bill is a reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 1123 – We are unable to process the provider's re-billing, as the documentation does not specify the concern regarding the original analysis. Please re-submit with a clarification for the basis of the reconsideration.

Issues

1. What rule(s) are applicable to reimbursement?

2. Is the requestor due payment for the services in dispute?

Findings

1. The requestor is seeking additional reimbursement of Code 99213 rendered January 8, 2024. The insurance carrier made a payment of $174.71 with a reduction made due to workers' compensation jurisdictional fee schedule.

   DWC Rule 28 TAC §134.203 (b) 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 rendered in a non-facility setting are subject to provisions of DWC Rule 28 TAC §134.203(c)(1)(2) which states. "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 $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. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of $50.83 (except for surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the $51.90 (except for surgery) Division conversion factor in 2007.

   The MAR (maximum allowable reimbursement) calculation for 2024 dates 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 location to be Dallas, 4412 11.

   - Code 99213 – 67.81/32.7442 x $91.33 = $189.14
   -

The MAR for the disputed service is $189.14. The insurance carrier paid $174.71. The

requestor is seeking $11.17. This amount is recommended.

The requestor also seeks reimbursement of Code 99080-73 for a work status report on January 8, 2024. The insurance carrier denied this code as exceeding reasonableness.

DWC Rule 28 TAC §129.5(e)(g)(j) states in pertinent parts,

(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; and

(3) on the schedule requested by the insurance carrier, its agent, or the employer requesting the report through its insurance carrier, which shall not exceed one report every two weeks and which shall be based upon the doctor's, delegated physician assistant's, or delegated advanced practice registered nurse's scheduled appointments with the injured employee.

(g) In addition to the requirements under subsection (e) of this section, the treating doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report with the insurance carrier, employer, and injured employee within seven days of the day of receipt of:

(1) functional job descriptions from the employer listing available modified duty positions that the employer can offer the injured employee as provided by §129.6(a) of this title (relating to Bona Fide Offers of Employment); or

(2) a required medical examination doctor's Work Status Report that indicates that the injured employee can return to work with or without restrictions.

(j) ...The amount of reimbursement shall be $15. A doctor, delegated physician assistant, or delegated advanced practice registered nurse shall not bill more than $15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section.

Review of the submitted documentation found insufficient evidence to support the requirements of the above rules to allow reimbursement of the work status report. The insurance carrier's denial is supported.

2. The applicable fee guideline does allow an additional payment of $11.17. 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.

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 additional reimbursement for the disputed services. It is ordered that Parker Hannifin Corp must remit to Peak Integrated Healthcare $11.17 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	April 16 , 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 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.