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
Amco Insurance Company

MFDR Tracking Number
M4-24-2245-01

Carrier's Austin Representative
Box Number 06

DWC Date Received
June 12, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
4/27/2023	99203	$216.18	$0.00
4/27/2023	99080-73	$15.00	$0.00
5/11/2023	97750-GP	$531.04	$0.00
6/22/2023	97750-GP	$531.04	$0.00
8/31/2023	97750-FC	$531.04	$0.00
9/12/2023	97546-WH	$128.00 ($76.80)	$76.80
9/13/2023	99361-W1	$113.00	$0.00
10/5/2023	99213	$174.71	$174.71
10/5/2023	99080-73	$15.00	$0.00
9/14/2023	97545-WH	$102.40	$102.40
9/14/2023	97546-WH	$102.40	$102.40
9/15/2023	97545-WH	$102.40	$0.00

9/19/2023	97545-WH	$102.40	$0.00
9/19/2023	97546-WH	$102.40	$0.00
9/20/2023	97545-WH	$102.40	$0.00
9/20/2023	97546-WH	$102.40	$76.80
9/21/2023	97545-WH	$102.40	$102.40
9/21/2023	97546-WH	$102.40	$102.40
9/22/2023	97545-WH	$102.40	$0.00
9/22/2023	97546-WH	$102.40	$76.80
9/25/2023	97545-WH	$102.40	$0.00
9/25/2023	97546-WH	$102.40	$76.80
9/26/2023	97545-WH	$102.40	$0.00
9/26/2023	97546-WH	$102.40	$76.80
	Total	$3,739.81	$968.31

Requestor's Position

"After reconsideration with a DWC 24 agreement on file, some bills were paid, however multiple payments were not paid, stating time limit for filing was expired or services not authorized. This is incorrect, and these bills as others that were reconsidered should be paid in full. These bills were denied due to extent of injury, this is incorrect. This patient has settled his case with a DWC-24 benefit dispute agreement on 3/11/2024."

Supplemental Position dated August 12, 2024: "As you can see there are several partial payments along with some that still have not been paid at all. Please continue dispute. 9/12,9/13,10/5,9/14,9/20,9/21,9/22,9/25, and 9/26 2023 respectively. remain unpaid or unpaid in full."

Amount in Dispute: $3,739.81

Respondent's Position

"We have been asked by AMCO Insurance Company to respond on its behalf to the above referenced medical dispute. After receiving the dispute, the carrier has elected to resubmit the bills for re-audit."

Supplemental Position dated August 26, 2024: "All, the bills were reaudited, and partial additional payment was ordered."

Response Submitted by: Stone, Loughlin & Swanson, LLP

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) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guideline for professional medical services.

Denial Reasons

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

- 219 – Based on extent of injury.
- 243 - Services not authorized by network/primary care providers.
- B12 – Services not documented in patients' medical records.
- 197 – Precertification/authorization/notification/pre-treatment absent. **DOS 5/11/23**
- B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.
- 45 – Charge exceeds fee schedule maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount and must not duplicate provider adjustment amount payment and contractual.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- P13 - Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies, use only if no other code is applicable.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- Note: This is in reference to your appeal on the attached claim, your appeal has been addressed and we have determined that an additional allowance is warranted.

Issues

1. Does the dispute contain unresolved extent of injury issues?
2. Did the insurance carrier support the denial reason 243?

3. Is the requestor entitled to additional reimbursement for dates of service September 12, 2023, through September 26, 2023?
4. Is the requestor entitled to reimbursement for CPT Code 99080-73 rendered on October 5, 2023?
5. Is the requestor entitled to reimbursement for CPT Code 99213 rendered on October 5, 2023?
6. Is the requestor entitled to reimbursement?

Findings

1. The following CPT codes 99080-73 and 99213 rendered on October 5, 2023, were denied by the insurance carrier with denial reason codes, 219 (description listed above).

   28 TAC §133.305(b) states that if a dispute over the extent of a covered work injury exists for the same service for which there is a medical fee dispute, the dispute regarding the 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 provided documentation to the Division to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H).

   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; therefore, the DWC finds that the extent of injury denial was not timely presented to the requestor in the manner required by 28 TAC §133.240. 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.

2. A review of the explanation of benefits for dates of service September 14, 2023, and September 21, 2023, finds that the insurance carrier denied the disputed charges with denial reduction code 243 (description listed above). A review of the documentation provided by both parties finds insufficient evidence to support the denial reason. As a result, the disputed services are reviewed pursuant to the applicable rules and guidelines.

3. The requestor seeks additional reimbursement for work hardening services provided on September 12, 2023, through September 26, 2023. The insurance carrier issued a partial payment and denied the remaining charge with denial reason codes P12, W3, B15, 193, P13, and 243 (descriptions listed above). A review of the documentation provided with the medical fee dispute resolution request finds that the insurance carrier issued a partial payment and denied the remaining charge. The fee guideline for work hardening/work conditioning services is found at 28 TAC §134.230.

The following table identifies the disputed services.

DOS	CPT	No. of Units	Amount Billed	Amount Paid	Maximum Allowable Reimbursement (MAR)	Amount Due
9/12/2023	97546-WH	2	$102.40	$25.60	$102.40	$76.80
9/14/2023	97545-WH	2	$102.40	$0.00	$102.40	$102.40
9/14/2023	97546-WH	2	$102.40	$0.00	$102.40	$102.40
9/20/2023	97546-WH	2	$102.40	$25.60	$102.40	$76.80
9/21/2023	97545-WH	2	$102.40	$0.00	$102.40	$102.40
9/21/2023	97546-WH	2	$102.40	$0.00	$102.40	$102.40
9/22/2023	97546-WH	2	$102.40	$25.60	$102.40	$76.80
9/25/2023	97546-WH	2	$102.40	$25.60	$102.40	$76.80
9/26/2023	97546-WH	2	$102.40	$25.60	$102.40	$76.80
Total		**18**	**$921.60**	**$128.00**	**$921.60**	**$793.60**

The division finds that pursuant to 28 TAC §134.230 (1)(B) the requestor billed for a non-CARF accredited program as a result the requestor is entitled to 80 percent of the MAR. Additional reimbursement in the amount of $793.60 is due.

4. The requestor seeks reimbursement for CPT codes 99080-73 and 99213 rendered on October 5, 2023. The insurance carrier denied the disputed charges with denial reason code 219 and 197 (descriptions listed above) and issued a zero payment. The division finds that the denial reason 219 and 197 are not supported therefore the requestor is entitled to reimbursement pursuant to the applicable rules and guidelines.

   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 §129.5(j) states "(j) Notwithstanding any other provision of this title, a doctor, delegated physician assistant, or delegated advanced practice registered nurse may bill for, and an insurance 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 insurance carrier, its agent, or the employer through its insurance carrier asks for an extra copy. The amount of reimbursement shall be $15. A doctor, delegated physician assistant, or delegated advanced practice registered nurse 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, delegated physician assistants, or delegated advanced practice registered nurses are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors, delegated physician assistants, or delegated advanced practice registered nurses billing for Work Status Reports as permitted by this section…"

   28 TAC §129.5 (e)(1) and (2) states "(e) The doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report: The doctor 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."

The requestor submitted insufficient documentation to support the billing of CPT code 99080-73. For this reason, reimbursement is not recommended.

5. The requestor seeks reimbursement for an office visit billed under CPT code 99213 and rendered on October 5, 2023. The insurance carrier denied the disputed service with denial reason codes code 219 and 197 (descriptions listed above). As indicated above the denial reasons are not supported, as a result reimbursement is recommended for the disputed service.

   A review of the submitted documentation supports the billing of CPT cod 99213. As a result, the requestor is entitled to reimbursement.

   28 TAC §134.203(c)(1) states, "…To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification…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 $53.68…"

   To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

   - The 2023 DWC Conversion Factor is 64.83
   - The 2023 Medicare Conversion Factor is 33.8872
   - A review of the medical bills finds that the disputed services were rendered in zip code 75043; the Medicare locality is "Dallas."
   - The Medicare Participating amount for CPT code 99213 at this locality is $91.32.
   - Using the above formula, the DWC finds the MAR is $174.71.
   - The requestor seeks $174.71.
   - The respondent paid $0.00.
   - Reimbursement of $174.71 is recommended.

6. The DWC reviewed the submitted billing and finds the requestor is entitled to reimbursement in the amount of $968.31 for the disputed services.

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 requestor has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the respondent must remit to the requestor $968.31 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	September 12, 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, 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.