



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Nueva Vida Behavioral Health

**Respondent Name**

Accident Fund Insurance Co. of America

**MFDR Tracking Number**

M4-24-2671-01

**Carrier's Austin Representative**

Box Number 6

**DWC Date Received**

August 8, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 20, 2023	99213-25	\$200.00	\$168.03

### Requestor's Position

Excerpt from the Request for Reconsideration dated June 6, 2024:

"The consultation for ... does not require preauthorization."

**Amount in Dispute:** \$200.00

### Respondent's Position

"This claim is governed by a network contract through Coventry Health Care and thus, the services were reviewed in compliance with that contract per the EOBs provided with the dispute."

**Response Submitted by:** STONE LOUGHLIN & SWANSON, LLP

## 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 guidelines for professional medical services.
3. [Texas Insurance Code \(TIC\) Chapter 1305](#) governs workers' compensation health care networks.
4. [28 TAC §134.600](#) sets out the procedures for preauthorization requirements of healthcare services.

### Adjustment Reasons

- 5089 – Service(s) not authorized.
- 01(PI2) - The charge for the procedure exceeds the amount indicated in the fee schedule.
- OJ(PI2) - The services have been rendered by a physician assistant, nurse practitioner, or clinical nurse specialist. The payment is eighty-five (85%) percent of the physician's fee schedule value. For assistant-at-surgery services the payment is eighty-five (85%) percent of the sixteen (16%) percent physician assistant surgeon allowance.
- P12 - Workers' compensation jurisdictional fee schedule adjustment.
- G(W3) - No additional reimbursement allowed after review or appeal/reconsideration.
- 1115 - RECON: We find the previous review to be accurate and are unable to recommend any additional allowance.

### Issues

1. Is the disputed claim governed by a network contract?
2. Is the insurance carrier's reason for reimbursement denial supported?
3. Is the requestor entitled to reimbursement for the disputed service?

### Findings

1. The insurance carrier representative's position statement in response to the medical fee dispute, states that the disputed claim is governed by a network contract. The respondent did not submit evidence of a network contract applicable to this claim.

According to a review of the submitted documentation and information known to DWC, this injured employee's Texas Worker's Compensation claim is a non-network claim. Therefore, DWC finds that the disputed claim is not governed by a network contract.

2. A review of the submitted explanation of benefits (EOB) document finds that the service in dispute was denied reimbursement citing denial reason as "service not authorized."

The service in dispute, billed under CPT code 99213-25, is described 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."

28 TAC §134.600(p), which sets out non-emergency health care requiring preauthorization, does not require that health care providers obtain prior authorization for the rendering of evaluation and management office visits.

DWC finds that the insurance carrier's reason for denial of reimbursement for the disputed service is not supported.

3. The requestor is seeking reimbursement for CPT code 99213 rendered on October 20, 2023.

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 October 20, 2023.
- The disputed service was rendered in zip code 78230, locality 99.
- The Medicare participating amount for CPT code 99213 in 2023 at this locality is \$87.83.
- 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 \$168.03 for CPT code 99213 in locality 99 on the disputed date of service.

- The respondent paid \$0.00.
- Reimbursement in the amount of \$168.03 is recommended for CPT code 99213 rendered on the disputed date of service October 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 requestor has established that reimbursement is due in the amount of \$168.03.

### **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 Accident Fund Insurance Co. of America must remit to Nueva Vida Behavioral Health \$168.03 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

December 13, 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).