TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Peak Integrated Healthcare

Respondent Name
Insurance Co. of The West

MFDR Tracking Number
M4-24-2806-01

Carrier's Austin Representative
Box Number 4

DWC Date Received
August 21, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 4, 2024	99213	$185.88	$185.88
March 4, 2024	99080-73	$15.00	$15.00
April 11, 2024	99213	$185.89	$185.89
April 11, 2024	99080-73	$15.00	$0.00
	Total	$371.77	$371.77

Requestor's Position

"AFTER RECONSIDERATION WE HAVE NOT RECEIVED REASON FOR DENIAL OR PAYMENT FOR THIS DATE OF SERVICE. THESE BILLS SHOULD BE PAID."

Amount in Dispute: $371.77

Respondent's Position

The Austin carrier representative for Insurance Company of the West is Law Office of Ricky D Green. The representative was notified of this medical fee dispute on August 27, 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) §133.305 sets out general Medical Dispute Resolution guidelines.
3. 28 TAC §124.2 sets out Insurance Carrier Notification Requirements.
4. 28 TAC §134.203 sets out the fee guideline for professional medical services.
5. 28 TAC §129.5 sets out the fee guidelines for the DWC73 Work Status Reports.

Denial Reasons

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

- 11 - THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.
- 151 - PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.
- 229 - PROCEDURE DOES NOT APPEAR RELATED TO THE INJURY AND/OR DIAGNOSIS. WE WILL RE-EVALUATE THIS CHARGE UPON RECEIPT OF CLARIFYING INFORMATION.
- G15 - PRICING IS CALCULATED BASED ON THE MEDICAL PROFESSIONAL FEE SCHEDULE VALUE.
- H46 - THE FREQUENCY OF THIS PROCEDURE CODES EXCEEDS THE LIMITATIONS SPECIFIED IN THE FEE SCHEDULE.
- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

Issues

1. Are the insurance carrier's denial reasons of CPT code 99213 rendered on the disputed dates of service supported?
2. Is the requestor entitled to reimbursement for CPT code 99213 rendered on March 4, 2024, and on April 11, 2024?
3. Is the requestor entitled to reimbursement for CPT code 99080-73 rendered on March 4, 2024, and on April 11, 2024??
4. What is the total amount of reimbursement due to the requestor as a result of this medical fee dispute resolution (MFDR) review?

Findings

1. The requestor is seeking reimbursement for CPT code 99213 rendered on March 4, 2024, and on April 11, 2024.

   A review of the submitted explanation of benefits (EOB) documents finds that the insurance carrier denied payment for CPT 99213 on both disputed dates of service for the unrelatedness of the diagnosis and the injury. This explanation of denial implies a dispute involving extent of injury or liability.

   28 TAC §133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

   28 TAC §124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices (PLN) with language and content prescribed by the division. Such notices "… shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."

   The review of the submitted documentation finds no copies, as required by Rule §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule §124.2.

   DWC finds that the insurance carrier's denial reasons of CPT code 99213 on the dates in dispute are not supported.

2. The requestor is seeking reimbursement for CPT code 99213 rendered on March 4, 2024, and on April 11, 2024. 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 services were rendered in zip code 75043, locality 11, Dallas; carrier 4412.
- The Medicare participating amount for CPT code 99213 in 2024 at this locality is $91.25.
- The 2024 DWC Conversion Factor is 67.81.
- On the disputed date of service April 11, 2024, the Medicare Conversion Factor is 33.2875.
- Using the above formula, DWC finds the MAR is $185.89 for CPT code 99213 on April 11, 2024.
- The respondent paid $0.00.
- Reimbursement in the amount of $185.89 is recommended for CPT code 99213 rendered on April 11, 2024.

- On the disputed date of service March 4, 2024, the Medicare Conversion Factor is 32.7442.
- Using the above formula, DWC finds the MAR is $188.97 for CPT code 99213 on March 4, 2024.
- The respondent paid $0.00.
- The requestor is seeking reimbursement in the amount of $185.88 for CPT code 99213 rendered on March 4, 2024, therefore reimbursement in the amount of $185.88 is recommended.

DWC finds that the requestor is entitled to reimbursement in the amounts of $185.88 for CPT code 99213 rendered on March 4, 2024, and $185.89 for CPT code 99213 rendered on April 11, 2024.

3. The insurance carrier denied payment for CPT code 99080-73 rendered on March 4, 2024, and on April 11, 2024, citing that the frequency of the service exceeds limitations.

   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." In this case, 99080-73 specifically refers to the rendering of DWC specific Work Status Reports.

   28 TAC §129.5 which applies to the disputed Work Status Report, states in pertinent part "(b) If authorized under their licensing act, a treating doctor may delegate authority to complete, sign, and file a work status report to a licensed physician assistant or a licensed advanced

practice registered nurse as authorized under Texas Labor Code §408.025(a-1). The delegating treating doctor is responsible for the acts of the physician assistant and the advanced practice registered nurse under this subsection…

> (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 disputed DWC 73, Work Status Report, rendered on March 4, 2024, met the documentation and medical billing requirements outlined in 28 TAC §129.5. Therefore, DWC finds that the requestor is entitled to reimbursement in the amount of $15.00 for CPT code 99080-73 rendered on March 4, 2024.

A review of the submitted documentation finds that the disputed DWC 73, Work Status Report, rendered on April 11, 2024, does not support that there was a substantial change in the injured employee's work status or in their activity restrictions. The Aril 11, 2024 Work Status Report submitted does not support that the report was filed upon an initial examination of the employee, as the office visit billed on the disputed date of service was for an evaluation and management of an established patient. DWC finds no evidence that the Work Status Report was requested by the carrier or the employer.

DWC finds that the requestor is not entitled to reimbursement for CPT code 99080-73, Work Status Report, rendered on Aril 11, 2024.

4. A review of the documentation submitted finds that the total MAR for the disputed dates of service, March 4, 2024, and April 11, 2024, is $386.77.

   A review of the DWC060 Medical Fee Dispute Request form, submitted by the requestor, finds that the requestor is seeking reimbursement in the total amount of $371.77. Therefore, DWC finds that the requestor is entitled to reimbursement in the amount of $371.77.

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 total amount of $371.77 is due.

ORDER

Under Texas Labor Code §§413.031, the DWC has determined the requestor is entitled to reimbursement for disputed services. It is ordered that Insurance Co. of The West must remit to Peak Integrated Healthcare, $371.77 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		October 25, 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.