



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Ashley Ferguson

Respondent Name

Old Republic Insurance Co.

MFDR Tracking Number

M4-25-0156-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

September 19, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 25, 2023	99213	\$135.00	\$0.00
October 25, 2023	99080	\$7.50	\$7.50
Total		\$142.50	\$7.50

Requestor's Position

"We originally submitted a claim to the carrier on 11/09/2023, and the carrier processed the claim on 11/20/2023. We are claiming that the carrier, Gallagher Bassett, did not reimburse CPT code 99213 according to the fee schedule for the Division of Worker's Comp for the year 2023. When we sent the claim back in for reconsideration of payment... the carrier still denied correct payment of the claim."

Amount in Dispute: \$142.50

Respondent's Supplemental Position

"We have completed our review and determined that the bill priced correctly based on CV upholding their review and PPO being overturn. Coventry is standing by the review... This Charge has been Reevaluated. Submitted Documentation Does Not Support Additional Allowance."

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 §129.5](#) sets out the fee guidelines for the Work Status DWC73 reports.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.
4. [28 TAC §133.210](#) sets out medical documentation requirements for reimbursement of medical services.

Adjustment Reasons

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

- 00100 – ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE. REIMBURSEMENT HAS BEEN CALCULATED ACCORDING TO STATE FEE SCHEDULE GUIDELINES
- 00663 – PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.
- 45 – CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
- 5352 – CV: Service reduced/denied as Level of E&M code submitted is not supported by documentation.
- 877-1 – REIMBURSEMENT IS BASED ON THE CONTRACTED AMOUNT.
- 247 – Deductible for Professional service rendered in an Institutional setting and billed on an Institutional claim.
- B13 & 90202 – PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.
- NOTE 001 - This charge was reviewed through the Clinical Validation Program... After review of the bill and the medical record, this service is best described by 99212. Submitted documentation did not meet at least 2 of the 3 medical decision making components required for 99213. Lacking high complexity data and high complexity risk. PRICED USING COVENTRY OWNED CONTRACT.
- 150 – Payment adjusted because the payer deems the information does not support this level of service.

Issues

1. Is this claim governed under a health care network contract?
2. What rules apply to the disputed services?
3. Is the requestor entitled to reimbursement for disputed CPT Code 99213?
4. Is the requestor entitled to additional reimbursement for disputed CPT Code 99080-73?

Findings

1. A review of the explanation of benefits (EOB) documents submitted finds that among the adjustment reasons included that the claim was priced using a Coventry network contract.

A review of the submitted documentation and information known to DWC finds this injured employee's Texas Worker's Compensation claim is a non-network claim. Therefore, DWC finds that network pricing is not applicable to this claim.

2. This dispute concerns an evaluation and management (E/M) service billed under CPT code 99213 as well as a Work Status Report billed under CPT code 99080-73.

DWC finds that 28 TAC §134.203 (b)(1) applies to the billing and reimbursement of disputed CPT code 99213.

28 TAC §134.203(b)(1), which applies to the billing and reimbursement of CPT code 99213, 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."

Medicare reimbursement policies require that the documentation of E/M services meet the American Medical Association (AMA) CPT Code Guidelines, which can be found at <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>.

28 TAC §129.5, which applies to the billing and reimbursement of CPT code 99080-73, 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."

3. The requestor is seeking reimbursement in the amount of \$135.00 for disputed CPT Code 99213 rendered on October 25, 2023.
 - CPT Code 99213 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."
 - The American Medical Association (AMA) CPT Code and Guideline Changes, effective January 1, 2021, can be found at: <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>. In summary, CPT code 99213 documentation must contain two out of three of the following elements: 1) low level of number and complexity of problems addressed 2) limited level of amount and/or complexity of data to be reviewed and analyzed 3) low risk of morbidity/mortality of patient management OR must document 20-29 minutes of total time spent on the date of patient encounter.
 - An interactive E&M scoresheet tool is available at: www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet
 - A review of the submitted medical documentation finds that a low level of MDM was not met in the elements of 1) Amount or complexity of data reviewed and analyzed 2) Risk of morbidity or mortality of patient management. The submitted medical record shows no documentation of time spent on the date of encounter. For these reasons, medical documentation submitted did not meet AMA criteria for reimbursement of CPT code 99213.
 - DWC finds that the insurance carrier's denial reason, based on documentation does not support the level of E/M code, is supported. As a result, the requestor is not entitled to reimbursement for CPT code 99213 rendered on October 25, 2023.
4. The requestor is seeking additional reimbursement in the amount of \$7.50 for a Work Status Report billed under CPT code 99080-73.

A review of the submitted documentation finds that the DWC-73, Work Status Report, rendered on October 25, 2023, met the documentation and medical billing requirements outlined in 28 TAC §129.5. DWC finds that the requestor is therefore entitled to reimbursement in the amount of \$15.00 for the rendering of the Work Status Report billed under CPT Code 99080-73 on the disputed date of service.

A review of the explanation of benefits document submitted finds that the insurance carrier allowed reimbursement for CPT code 99080-73 in the amount of \$7.50. Therefore, DWC finds that the requestor is entitled to additional reimbursement in the amount of \$7.50.

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 additional reimbursement is due in the amount of \$7.50.

ORDER

Under Texas Labor Code §§413.031, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Old Republic Insurance Company must remit to Ashley Ferguson \$7.50 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	December 19, 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 electrónico CompConnection@tdi.texas.gov.