



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

Peak Integrated Healthcare

**Respondent Name**

American Zurich Insurance Co

**MFDR Tracking Number**

M4-25-0381-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

October 17, 2024

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 26, 2024	99203	\$227.77	\$227.77
March 26, 2024	99080-73	\$15.00	\$15.00
<b>Total</b>		<b>\$242.77</b>	<b>\$242.77</b>

### Requestor's Position

“\*\*after reconsideration we were told this was a ‘duplicate claim service, and previously reviewed.’ This is not a duplicate and we have received payment for a later 4/23/2024 office visit with all same information paid in full. Please resubmit for payment.\*\* This was denied payment due to ‘CLAIM SERVICE LACKS INFORMATION’. This is incorrect.”

**Amount in Dispute:** \$242.77

### Respondent's Position

The Austin carrier representative for American Zurich Insurance Co is Flahive, Ogden & Latson. Flahive, Ogden & Latson was notified of this medical fee dispute on October 22, 2024. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

## **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 fee guideline for professional medical services.
3. 28 TAC §133.210 sets out medical documentation requirements for reimbursement of medical services.

### **Denial Reasons**

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

- 1 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 2 – Bill is denied; invalid / missing healthcare provider license number. Please re-submit with appropriate license number for review.
- 3 – Bill is denied; invalid/missing billing provider license number. Please re-submit with appropriate license number for review.
- 4 – Bill is denied; invalid/missing rendering provider license number. Please re-submit with appropriate license number for review.
- 2 – This procedure on this date was previously reviewed.
- 3 18 – Duplicate claim/service.

### **Issues**

1. What rules apply to the disputed service, CPT code 99203?
2. Is the requestor entitled to reimbursement for CPT Code 99203?
3. Is the requestor entitled to additional reimbursement for CPT Code 99080-73?

### **Findings**

1. The division finds that 28 TAC §133.210(c)(1) applies to the medical documentation requirements for the billing of CPT code 99203.

28 Texas Administrative Code(TAC) §133.210(c)(1) sets out medical documentation requirements, stating in pertinent part "In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation: the two highest Evaluation and Management office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes..."

2. The requestor is seeking reimbursement in the amount of \$227.77 for CPT Code 99203 rendered on March 26, 2024.

- CPT Code 99203 is defined as, "Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 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 99203 documentation must contain all 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 30-44 minutes of total time spent on the date of patient encounter.
- An interactive E&M scoresheet tool is available at: <https://www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet>
- The division will examine the evaluation and management document to ascertain whether the AMA documentation requirements for the billing of CPT code 99203 were met. A review of the submitted medical documentation finds that a low level of MDM was met in the elements of 1) low 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. Because the requestor met the AMA documentation criteria reimbursement of CPT code 99203 is recommended.
- The division finds that the requestor is entitled to reimbursement for CPT code 99203 rendered on March 26, 2024.

The division finds that [28 TAC §134.203](#) applies to reimbursement of CPT code 99203.

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)(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 2024 DWC Conversion Factor is 67.81
- The 2024 Medicare Conversion Factor is 33.2875

- 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 99203 at this locality is \$111.81.
- Using the above formula, the DWC finds the MAR is \$227.77.
- The requestor seeks \$227.77.
- The respondent paid \$0.00.
- Reimbursement of \$227.77 is recommended.

3. The requestor seeks reimbursement in the amount of \$15.00 for CPT code 99080-73 rendered on March 26, 2024. Documentation presented shows that CPT Code 99080-73 was billed by the requestor in accordance with 28 TAC §129.5(i)(1) states "... 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 the following:

The DWC 73 rendered on March 26, 2024, met the documentation requirements outlined in 28 TAC §129.5.

The DWC finds that the requestor is therefore entitled to reimbursement for CPT Code 99080-73.

**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 Division finds the requestor has established that reimbursement of \$242.77 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 \$242.77 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

January 24, 2025  
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).