



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Fedex Ground Package System. Inc.

MFDR Tracking Number

M4-25-0839-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 12, 2024

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| October 28, 2024 | 99213 | \$185.89 | \$185.89 |
| October 28, 2024 | 99080-73 | \$15.00 | \$0.00 |
| | Total: | \$200.89 | \$185.89 |

Requestor's Position

"The attached date of service was not paid. The claim was denied as 'services not authorized by network/primary care providers'. Dr. BRYCE KINDLEY D.C. is the treating doctor for and should be reimbursed as such. Please see the attached documentation supporting the DWC-53 APPROVAL of Dr. BRYCE KINDLEY D.C. as the treating doctor. It has been 6 months since the last office visit. Per ODG guidelines, office visits are recommended to be medically necessary."

Amount in Dispute: \$200.89

Respondent's Position

"The provider's medical bill has been denied. We are attaching a copy of providers CMS 1500 and the carrier's EORs dated November 12, 2024 and December 3, 2024. The carrier maintains the position asserted in its EORs. The provider is not entitled to any reimbursement."

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. [28 TAC §129.5](#) sets out the fee guidelines for the DWC73 Work Status Reports.

Adjustment Reasons

- 242 – SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.
- 73 – WORK STATUS RPT/DISC OUTPATIENT
- CO - The amount adjusted due to a contractual obligation between the provider and the payer.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- W3 & 350 - IN ACCORDANCE WITH 701-DWC RULE 134.604, THIS BILL HAS BEEN IDENTIFIED AS REQUEST FOR RECONSIDERATION OR APPEAL.
- 230 – TREATMENT NOT AUTHORIZED.
- B13 – REEVALUATED; NO ADDITIONAL PAYMENT IS RECOMMENDED.

Issues

1. Is the insurance carrier's reason for denial of the disputed services supported?
2. Is the requestor entitled to reimbursement for CPT code 99213 rendered on October 28, 2024?
3. Is the requestor entitled to reimbursement for procedure code 99080-73 rendered on October 28, 2024?

Findings

1. A review of the explanation of benefits (EOB) submitted finds that the insurance carrier denied reimbursement of the disputed services, citing that the services were not provided by a network provider as the reason for denial.

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 insurance carrier's reason for denial of reimbursement for the services in dispute is not supported.

2. The requestor is seeking reimbursement for a medical office visit and a Work Status Report billed under CPT codes 99213 and 99080-73, respectively. Because the insurance carrier's reason for denial is not supported, DWC finds that the services in dispute are eligible for review of the maximum allowable reimbursement (MAR).

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 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 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 October 28, 2024, the Medicare Conversion Factor is 33.2875.
- Using the above formula, DWC finds the MAR is \$185.89 for CPT code 99213 on October 28, 2024.
- The respondent paid \$0.00.
- Reimbursement in the amount of \$185.89 is recommended for CPT code 99213 rendered on October 28, 2024.

3. The requestor is seeking reimbursement for procedure code 99080-73, Work Status Report, rendered on October 28, 2024.

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 Work Status Report, rendered on October 28, 2024, does not support that there was a substantial change in the injured employee's work status or in activity restrictions, as the office visit documentation on the same date states "Maintained the work status." The 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 the evaluation and management of an established patient. DWC finds no evidence that the Work Status Report was requested by the carrier or the employer.

In accordance with 28 TAC §129.5, DWC finds that the requestor is not entitled to reimbursement for procedure code 99080-73, Work Status Report, rendered on October 28, 2024.

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 \$185.89.

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 Fedex Ground Package System, Inc., must remit to Peak Integrated Healthcare \$185.89 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

February 5, 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. 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.