



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

Peak Integrated Healthcare

**Respondent Name**

AIU Insurance Co

**MFDR Tracking Number**

M4-25-1302-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

February 13, 2025

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 31, 2024	99213	\$185.89	\$0.00
October 31, 2024	99080-73	\$15.00	\$0.00
November 14, 2024	99213	\$185.89	\$0.00
November 14, 2024	99080-73	\$15.00	\$0.00
<b>Total</b>		<b>\$401.78</b>	<b>\$0.00</b>

### Requestor's Position

"After reconsideration we were told 'exact duplicate claim/service'. This incorrect and we still have not been paid for these dates of service."

**Amount in Dispute:** \$401.78

### Respondent's Position

"... We have escalated the bills in question for manual review to determine if additional monies are owed. We will provide a supplemental response once the bill auditing company has finalized their review."

**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 §134.203](#) sets out the fee guideline for professional medical services.
3. [28 TAC §129.5](#) sets out the fee guidelines for the DWC73 reports.

### **Denial Reasons**

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

- 18-4 – Exact duplicate claim/service.
- TX224 – Duplicate charge.
- 00663-1 – Reimbursement has been calculated based on the state guidelines.
- 93 – No claim level adjustments.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

### **Issues**

1. Is the requestor entitled to reimbursement for CPT Code 99213?
2. Is the requestor entitled to additional reimbursement for CPT Code 99080-73?

### **Findings**

1. The requestor is seeking reimbursement in the amount of \$185.89 for CPT code 99213 rendered on October 31, 2024, and November 14, 2024.

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."

- 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. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded."

- The American Medical Association (AMA) CPT Code Guidelines, 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](http://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, DWC finds that medical documentation submitted did not meet AMA criteria for reimbursement of CPT code 99213. As a result, the requestor is not entitled to reimbursement for CPT code 99213 rendered on October 31, 2024, and November 14, 2024.

2. The requestor seeks reimbursement in the amount of \$15.00 for CPT code 99080-73 rendered on October 31, 2024, and November 14, 2024.

28 TAC §129.5 which applies to the disputed Work Status Report 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."

The submitted medical records do not support the carrier or employer's request for the work status report. The documentation does not support a substantial change in the injured employees' work status or in their activity restrictions. The DWC finds that the requestor is therefore not 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 DWC finds the requester has not established that reimbursement is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

## **Authorized Signature**

_____	_____	<u>April 29, 2025</u>
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](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).