TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requestor Name**
Lone Star Orthopedics

**Respondent Name**
Deep East Texas Self Insurance

**MFDR Tracking Number**
M4-24-1580-01

**Carrier's Austin Representative**
Box Number 44

**DWC Date Received**
March 14, 2025

## Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| July 25, 2024 | 99213 | $175.00 | $175.00 |
| | **Total** | $175.00 | $175.00 |

## Requestor's Position

"I am filing a medical fee dispute. I have filed appeal with insurance company, faxed on 12-20-2024, but they have not responded."

**Amount in Dispute:** $175.00

## Respondent's Position

The Austin carrier representative for Deep East Texas Self Insurance is White Espey, PLLC. The representative was notified of this medical fee dispute on March 18, 2025. 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 §133.20 sets out requirements of medical bill submission by health care providers.
3. 28 TAC §134.203 sets out the fee guideline for professional medical services.

Denial Reasons

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

- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.

Issues

1. Has the requestor waived their right to medical fee dispute resolution (MFDR)?
2. Is the requestor entitled to reimbursement for CPT Code 99213 rendered on the disputed date of service?

Findings

1. A review of the submitted explanation of benefits (EOB) dated December 12, 2024, finds that the insurance carrier denied the disputed service for untimely filing of the medical bill.

   28 TAC §133.20, which sets out requirements of timely medical bill submission, states in pertinent part "(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

   A review of the submitted documentation finds evidence to support that the requestor submitted the medical bill via facsimile transmission to the insurance carrier on August 16, 2024, less than 95 days after the disputed date of service, July 25, 2024.

   DWC finds that the requestor submitted the medical bill for the service in dispute in a timely manner in accordance with 28 TAC §133.20. Therefore, DWC finds that the requestor is eligible for a medical fee dispute resolution review.

2. The requestor is seeking reimbursement in the amount of $175.00 for disputed CPT code 99213 rendered on July 25, 2024. Because the insurance carrier's reason for denial based on untimely filing of the medical bill was not supported, DWC finds that the requestor is eligible for a medical fee dispute resolution review.

   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 the 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) continues, stating 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 date of service is July 25, 2024.
- The disputed service was rendered in zip code 78666, locality 99, "Rest of Texas."
- The Medicare participating amount for CPT code 99213 on the disputed date of service at this locality is $88.22.
- The 2024 DWC Conversion Factor is 67.81
- The 2024 Medicare Conversion Factor on the applicable date of service is 33.2875.
- Using the above formula, DWC finds the MAR is $179.71 for CPT code 99213 on the disputed date of service.
- The respondent paid $0.00.
- The requestor is seeking reimbursement in the amount of $175.00. Therefore, this amount is recommended.

DWC finds that the requestor is entitled to reimbursement in the amount of $175.00 for CPT code 99213 rendered on July 25, 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 reimbursement in the amount of $175.00 is due.

**ORDER**

Under Texas Labor Code §§413.031, DWC has determined the requestor is entitled to reimbursement for the disputed service. It is ordered that Deep East Texas Self Insurance, must remit to Lone Star Orthopedics $175.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**

| | | |
|---|---|---|
| | | June 23, 2025 |
| 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, 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.