TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Peak Integrated Healthcare

Respondent Name
Old Republic Insurance Co

MFDR Tracking Number
M4-25-1950-01

Carrier's Austin Representative
Box Number 44

DWC Date Received
April 22, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 15, 2024	99213	$185.89	$185.89
October 15, 2024	99080-73	$15.00	$15.00
February 11, 2025	99213	$193.79	Dismissed
February 11, 2025	99080-73	$15.00	Dismissed
	Total	$409.68	$200.89

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy a reconsideration request dated January 30, 2025 and April 22, 2025 that states, "After reconsideration we received no payment or denial for this TIMELY FILED date of service. This should be paid in full as all others…

An additional reconsideration was included dated February 25, 2025 for date of service February 11, 2025 that states, "…Patient has a compensable injury and this is what is being treated. ..The patient is entitled to reasonable medical care as stipulated in Texas law as related to the original injury."

Amount in Dispute: $409.68

Respondent's Position

"The bill has been reviewed, and denial stands per PLN 11 filed" PLN-11 Language: Carrier agrees you sustained a compensable injury on (redacted) in the form of (redacted). Carrier disputes any additional damage or harm to the physical structure of your body was caused or enhanced, accelerated or worsened by your work activity on (redacted)…"

Response submitted by: Liberty Mutual

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 reimbursement guidelines for professional medical services.
3. 28 TAC §129.5 sets out the guidelines for work status reports.

Denial Reasons

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- 269 – This billing is for a service unrelated to the work illness or injury.
- 193– Original payment decision is being maintained. Upon review, it was determined that claim was processed…"
- EOB with audit dated October 25, 2024 was submitted with only page 2 that did not list the audit/payment reason codes.

Issues

1. Did the respondent support the denial for date of service October 15, 2024?
2. What is the rule applicable to reimbursement?
3. Is date of service February 11, 2025 eligible for dispute?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking payment for physician office visit and work status report for date of service in October 15, 2024. A review of the submitted information (Explanation of benefits dated October 25, 2024 that only has page 2 of 2) finds insufficient documentation to support that an EOB was presented to the health care provider, giving notice of the relatedness denial reasons or defenses raised in the insurance carrier's response to MFDR.
   Rule §133.307(d)(2)(F) requires that: The response shall address only those denial reasons

presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review. The respondent did not submit an explanation of benefits for this date of service to support was denied for relatedness. This date of service will be reviewed per applicable fee guidelines.

4. DWC Rule 28 Texas Administrative Code §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…"

   The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

   (DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR. In this instance, the MAR for date of service October 15, 2024 for Zip code 75043 is calculated 67.81/33.2875 x $91.25 = $185.89.

   The requestor is also seeking $15.00 for code 99808-73 billed for each date of service.

   DWC Rule §129.5 states in the pertinent parts shown below,

   (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; and
   (3) on the schedule requested by the insurance carrier, its agent, or the employer requesting the report through its insurance carrier, which shall not exceed one report every two weeks and which shall be based upon the doctor's, delegated physician assistant's, or delegated advanced practice registered nurse's scheduled appointments with the injured employee.

   (g) In addition to the requirements under subsection (e) of this section, the treating doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report with the insurance carrier, employer, and injured employee within seven days of the day of receipt of:

   (1) functional job descriptions from the employer listing available modified duty positions that the employer is able to offer the injured employee as provided by §129.6(a) of this title (relating to Bona Fide Offers of Employment); or
   (2) a required medical examination doctor's Work Status Report that indicates that the injured employee can return to work with or without restrictions.

   (j) …The amount of reimbursement shall be $15. A doctor, delegated physician assistant, or delegated advanced practice registered nurse shall not bill in excess of $15 and shall not be billed or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section.

The information submitted indicates the physician updated the return to work with modifications date. The total allowable for the work status report is $15.00 for date of service October 15, 2024.

3. The insurance carrier denied date of service February 11, 2025 as not being related to work injury. If a dispute over the relatedness to the covered injury exists for the same service(s) for which there is a medical fee dispute, DWC Rule 28 TAC §133.305 (b) requires that the relatedness dispute must be resolved before submission of a medical fee dispute resolution request for the service(s).

   The insurance carrier notified the requestor of the denial via an explanation of benefits dated February 18, 2025 as defined by 28 TAC §133.240.

   The insurance carrier also presented a copy of a Plain Language Notice for the issue to DWC, as required by 28 TAC §133.307 (d)(2)(H). No evidence was submitted to indicate that the issue was resolved before submitting this request for medical fee dispute resolution.

   DWC concludes that an unresolved relatedness issue exists for the date of service February 11, 2025 for the billed codes 99213 and 99080. DWC finds that good cause exists to dismiss this dispute of these charges according to 28 TAC §133.307 (f)(3).

4. The total allowable DWC guideline reimbursement fee is $200.89. This amount is recommended.

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 requester has established that reimbursement is due for the date of service October 15, 2024.

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 Old Republic Insurance Co must remit to Peak Integrated Healthcare $200.89 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		May 19, 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, 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.

NOTICE TO REQUESTOR

You may seek to resolve the relatedness issue presented here for date of service February 11, 2025 by following the dispute process outlined in Texas Labor Code Chapter 410 and corresponding 28 TAC §141.1.