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**
Peak Integrated Healthcare

**Respondent Name**
Safety National Casualty Corp

**MFDR Tracking Number**
M4-25-1977-01

**Carrier's Austin Representative**
Box Number 19

**DWC Date Received**
April 23, 2025

## Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| July 12, 2024 | 99213 | $6.18 | $6.18 |
| July 12, 2024 | 99080-73 | $0.00 | $0.00 |
| | **Total** | $6.18 | $6.18 |

## Requestor's Position

"This bill was denied full payment to include the office visit for which all documentation has been provided, stating denial reason 'workers compensation jurisdictional fee adjustment'."

**Amount in Dispute:** $6.18

## Respondent's Position

"It appears that the provider is currently seeking payment of $6.18 based upon the Carrier paying the provider the amount of $179.71. The $6.18 represents the difference between the billed amount of $185.89 and the paid the amount of $179.71. ... It remains the Carrier's position that the provider is not entitled to any additional reimbursement."

**Response Submitted by:** Flahive, Ogden & Latson

# Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code (TLC) §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) §133.305 sets out the procedures for resolving medical disputes.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.203 sets out the fee guideline for professional medical services.
4. 28 TAC 134.1 sets out the general rules for medical reimbursement.

Denial Reasons

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

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.

Issues

1. Is the insurance carrier's reduction of payment supported?
2. What is the description of the service in dispute?
3. Is the requestor entitled to reimbursement?

Findings

1. This dispute pertains to the reduction of a medical office visit rendered on July 12, 2024, and billed under CPT code 99213. The requestor is seeking additional reimbursement in the amount of $6.18. Using the previously mentioned denial reduction codes, the insurance carrier audited and reduced the services in dispute. A review of the medical documentation finds that the insurance carrier did not take a contract reduction to support the payment of $179.71. To determine if the insurance carrier's reasons for the reduction are supported, the division applies 28 TAC §134.203.

   Upon reviewing the medical documentation, it is evident that the insurance carrier did not implement a contract reduction to justify the payment of $179.71. To assess whether the insurance carrier's rationale for the proposed reduction holds merit, the division refers to 28 TAC §134.203.

2. The requestor seeks additional reimbursement for CPT code 99213 rendered on July 12, 2024.

   28 TAC §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

   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."

   The requestor billed CPT code 99213 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 time for code selection, 20-29 minutes of total time is spent on the date of the encounter."

3. 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 2024B 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 99213 at this locality is $91.25.
   - Using the above formula, the DWC finds the MAR is $185.89.
   - The respondent paid $179.71.
   - Additional reimbursement of $6.18 is recommended for date of service July 12, 2024.

   The Division of Workers' Compensation (DWC) has determined that the requestor is entitled to an additional payment in the amount of $6.18. Consequently, this amount is now due.

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 requestor has established that additional reimbursement of $6.18 is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that the respondent must remit to the requestor $6.18 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**

| | | |
|---|---|---|
| | | May 21, 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.