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

General Information

Requester Name
Mario Pena, M.D.

Respondent Name
Lubbock County

MFDR Tracking Number
M4-25-2127-01

Carrier's Austin Representative
Box Number 43

DWC Date Received
May 2, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 15, 2024	99213	$260.00	$179.71
May 15, 2024	72070-TC	$94.00	$0.00
May 22, 2024	99213	$260.00	$179.71
	Total	$614.00	$359.42

Requester's Position

"Sedgwick original denied both bills due to 'Claim under investigation'... Representative from Sedgwick advised when the bills were received patient has two claims numbers. Sedgwick processed both bills under the incorrect claim number ... Reconsiderations done for both dates adding the claim number … provided by the representative. Bills for both dates submitted timely as well as reconsideration."

Amount in Dispute: $614.00

Respondent's Position

The Austin carrier representative for Lubbock County is Sedgwick York Risk Services Grp. The representative was notified of this medical fee dispute on May 13, 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) §133.305 sets out general Medical Dispute Resolution guidelines.
3. 28 TAC §124.2 sets out Insurance Carrier Notification Requirements.
4. 28 TAC §134.203 sets out the fee guideline for professional medical services.
5. 28 TAC §133.20 sets out the guidelines for medical bill submission by health care providers.
6. Labor Code §408.0272 establishes certain exceptions for the untimely submission of a medical claim.

Denial Reasons

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

- 5477 – Charges denied as claim is still under investigation.
- P8 – Claim is under investigation.
- 247 – A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service.
- N111 – No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.
- 4271 - Per TX Labor Code Sec. 409.027, providers must submit bills to payors within 95 days of the date of service.
- 29 - The time limit for filing claim/bill has expired.

Issues

1. Is the insurance carrier's denial reason asserting that "claim is under investigation" supported?
2. Is the insurance carrier's denial of services rendered on May 22, 2024, due to untimely filing of the medical bill, supported?
3. Is the requester entitled to reimbursement for CPT code 99213 rendered on May 15, 2024, and on May 22, 2024?
4. Is the requester entitled to reimbursement for CPT code 72070-TC rendered on May 15, 2024?

Findings

1. A review of the submitted explanation of benefits (EOB) documents for date of service May 15, 2024, finds that the insurance carrier denied payment for CPT codes 99213 and 72070-TC asserting that the claim is under investigation. A review of the EOBs submitted for date of service May 22, 2024, also finds that the insurance carrier denied payment for CPT code 99213 asserting that the claim is under investigation.

   This explanation of denial implies a dispute involving extent of injury, compensability or liability.

   28 TAC §133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

   28 TAC §124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices (PLN) with language and content prescribed by the division. Such notices "… shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."

   The review of the documentation submitted finds no copies, as required by Rule §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule §124.2.

   DWC finds that the insurance carrier's denial reason of services rendered on May 15, 2024, and on May 22, 2024, based on the reason that the "claim is under investigation" is not supported.

2. A review of the submitted EOBs for date of service May 22, 2024, finds that the insurance carrier denied CPT code 99213 in part due to 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 requester submitted the medical bill via facsimile transmission to the insurance carrier on June 13, 2024, less than 95 days after the disputed date of service, May 22, 2024. A review of the EOB processed on October 7, 2024, finds that the insurance carrier first received the medical bill on June 13, 2024.

   DWC finds that the requester submitted the medical bill for the service rendered on May 22, 2024, in a timely manner in accordance with 28 TAC §133.20. Therefore, DWC finds that the insurance carrier's reason for denial based on untimely filing of the medical bill is not supported. DWC finds that the requester is eligible for a medical fee dispute resolution review.

3. The requester is seeking reimbursement for CPT code 99213 rendered on May 15, 2024, and on May 22, 2024. Because the insurance carrier's denial reasons are not supported, DWC finds that the requester is entitled to reimbursement.

   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 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) 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… (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 service was rendered in zip code 79424, 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 2024B 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 both disputed dates of service.
   - The respondent paid $0.00.
   - Reimbursement of $179.71 is recommended for CPT code 99213 rendered on May 15, 2024.
   - Reimbursement of $179.71 is recommended for CPT code 99213 rendered on May 22, 2024.

DWC finds that the requester is entitled to reimbursement in the amount of $179.71 for CPT code 99213 rendered on May 15, 2024, and is additionally entitled to reimbursement in the amount of $179.71 for CPT code 99213 rendered on May 22, 2024.

4. The requester is seeking reimbursement for CPT code 72070-TC rendered on May 15, 2024.

   CPT code 72070 is described as "Radiologic examination, spine; thoracic, 2 views."

   The requester appended CPT code 72070 with modifier "TC" indicating charges for the technical portion, which includes the equipment and time spent, performed separately from the professional component, such as interpretation by a physician.

   A review of the submitted medical records finds that the documentation of the radiological examination in question includes only that the health care provider ordered and interpreted the radiological examination. DWC finds no documentation to support the use of modifier "TC" on the disputed date of service May 15, 2024.

   Because the use of modifier "TC" is not supported, DWC finds that the requester is not entitled to reimbursement for CPT code 72070-TC rendered on May 15, 2024.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 in the total amount of $359.42 is due.

ORDER

Under Texas Labor Code §§413.031, DWC has determined the requester is entitled to reimbursement for some of the disputed services. It is ordered that Lubbock County must remit to Mario Pena, M.D., $359.42 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		July 30, 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.