



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ELITE HEALTHCARE FT WORTH

Respondent Name

TRAVELERS INDEMNITY CO

MFDR Tracking Number

M4-13-3322-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

August 15, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This patient recently won her CCH. I did reconsideration to the company with all of the unpaid claims. Received denials stating duplicate service. Office visits are recommended as determined to be medically necessary. Medical necessity for office visit in conjunction with work status form 73."

Amount in Dispute: \$2,297.75

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "... the Provider's submitted billing was reviewed and denied for multiple reasons (Set forth in more detail below) but included an extent of injury dispute (now resolved by the CCH Decision of 05/24/2013), medical necessity, and failure to obtain preauthorization... The Carrier contends the Provider is not entitled to reimbursement. The Carrier, therefore, respectfully requests the Division determine no additional reimbursement is due for this service."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 2, 2012 through July 30, 2013	99213-25, 99080-73 and 99204	\$2,297.75	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.305 sets out the general Medical Dispute Resolution guidelines.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 Texas Administrative Code §133.308 sets out the procedure for Medical Dispute Resolution of Medical Necessity Disputes.
4. 28 Texas Administrative Code 129.5 sets out the rules for Work Status Reports.

5. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 216 – Based on the findings of a review organization
 - 219 – Based on extent on injury
 - B-13 The insurance carrier did not provide a rationale with denial reason code B13 on the EOB
 - 247 – Duplicate Service

Issues

1. Did the requestor waive the right to medical fee dispute resolution for dates of service July 2, 2012, July 16, 2012 are July 30, 2012?
2. Did the medical fee dispute referenced above contain information/documentation that indicates that there are **unresolved** issues of medical necessity?
3. Is the requestor entitled to reimbursement for dates of service November 7, 2012, February 27, 2013 and June 3, 2013?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states: “Timeliness. A requestor shall timely file the request with the division’s MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.”

28 Texas Administrative Code §133.307 “(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division (1) Timeliness. A requestor shall timely file the request with the division’s MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (B) A request may be filed later than one year after the date(s) of service if: (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability.”

Review of the submitted documentation finds that although the disputed services do involve issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file this dispute within 60 days after the date the requestor received the final decision, inclusive of all appeals, on compensability, extent of injury, or liability. Consequently, the Division’s MFDR Section finds that the requestor has waived the right to medical fee dispute resolution for dates of service July 2, 2012, July 16, 2012 are July 30, 2012. For that reason, the merits of the issues raised by the parties to this dispute have not been addressed for these dates of service. The remaining dates of service September 11, 2012 through July 30, 2013 are reviewed pursuant to the applicable rules and guidelines.

2. The medical fee dispute referenced above contains information/documentation that indicates that there are **unresolved** issues of medical necessity for the same service(s) for which there is a medical fee dispute. Review of the EOBs presented by the both the requestor and respondent indicate denial reason code “216 – Based on the findings of a review organization.

Resolution of a Medical Necessity Dispute. The Division hereby notifies the requestor the appropriate process for resolution of an unresolved issue of medical necessity requires filing for an independent review to be conducted by an IRO (independent review organization) appropriately licensed by the Texas Department of Insurance, pursuant to 28 Texas Administrative Code §133.308. Information applicable to HEALTH CARE PROVIDERS on how to file for an IRO may be found at http://www.tdi.texas.gov/hmo/iro_requests.html under **Health Care Providers or their authorized representatives.**

Notice of Dispute Sequence. 28 Texas Administrative Code §133.305(b) requires that “If a dispute regarding...medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding...medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and 408.021.

The medical fee dispute may be submitted for review as a new dispute that is subject to the requirements of 28 Texas Administrative Code §133.307. 28 Texas Administrative Code §133.307 (c)(1)(B) provides that a request for medical fee dispute resolution may be filed not later than 60 days after a requestor has received the final decision, inclusive of all appeals.

The division finds that requestor submitted insufficient documentation to support that the medical necessity issue has been resolved through the IRO (Independent Review Organization) process. Due to the unresolved medical necessity issues for dates of service September 11, 2012, October 4, 2012, October 10, 2012, December 6, 2012, December 20, 2012, January 10, 2013, January 31, 2013, March 27, 2013 and July 30, 2013, the medical fee dispute request is not eligible for review until a final decision has been issued in accordance with 28 Texas Administrative Code §133.308. For that reason, the merits of the issues raised by the parties for these dates of service have not been addressed in this decision.

3. The requestor seeks reimbursement for CPT codes 99213-25 and 99080-73 rendered on November 7, 2012, February 27, 2013 and CPT code 99213-25 rendered on June 3, 2013. The insurance carrier denied/reduced CPT code 99213 and 99080-73 with denial reason code "B-13" The insurance carrier did not provide a rationale with denial reason code B13 on the EOB and "247 – Duplicate Service." No other denial reasons were presented on the EOBs. The division will therefore review these dates of service pursuant to the applicable rules and guidelines.

Per 28 Texas Administrative Code 129.5 "(d) The doctor shall file the Work Status Report: (1) after the initial examination of the employee, regardless of the employee's work status; (2) when the employee experiences a change in work status or a substantial change in activity restrictions."

Per 28 Texas Administrative Code 129.5 "(i) Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. 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 are not required to submit a copy of the report being billed for with the bill if the report was previously provided. 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."

Review of the DWC-73's submitted by the requestor do not meet the documentation requirements outlined in 28 Texas Administrative Code 129.5 (d) (2), as a result reimbursement is not recommended for CPT code 99080-73.

Per 28 Texas Administrative Code §134.203 "(b) 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 seeks reimbursement for CPT code 99213-25 rendered on November 7, 2012, February 27, 2013 and June 3, 2013. The AMA CPT Code book defines CPT code 99213 as "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family."

Review of the submitted documentation does not support the level of office visits billed on November 7, 2012, February 27, 2013 and June 3, 2013. As a result, the requestor is not entitled to reimbursement for CPT code 99213-25 rendered on November 7, 2012, February 27, 2013 and June 3, 2013.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 18, 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.