



# 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](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

Fondren Orthopedic

**Respondent Name**

Hanover Insurance Co

**MFDR Tracking Number**

M4-14-2616-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

April 24, 2014

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "Claim was processed and CPT code 99213 was denied as inclusive. That is incorrect this charge was originally billed with a 25 modifier as this was above and beyond normal evaluation done on the same day as minor procedure."

**Amount in Dispute:** \$117.74

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** Written acknowledgement of medical fee dispute received however, no position statement submitted.

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 26, 2013	99213	\$117.74	\$117.74

#### 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**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 25 – Separate E&M service, Same physician
  - 97 – Charge included in another charge or service
  - R09 – CCI; CPT manual and CMS coding manual instructions
  - 193 – Original payment decision maintained

##### **Issues**

1. Did the requestor support a separate and distinct evaluation performed?
2. Is the requestor entitled to reimbursement?

## **Findings**

1. The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on May 1, 2014. The insurance carrier did not submit a response for consideration in this review. Per the Division's former rule at 28 Texas Administrative Code §133.307(d)(1), effective May 25, 2008, 33 *Texas Register* 3954, "If the Division does not receive the response information within 14 calendar days of the dispute notification, then the Division may base its decision on the available information." Accordingly, this decision is based on the available information.
2. The carrier denied the disputed service as, R09 – "CCI; CPT manual and CMS coding manual instructions." 28 Texas Labor Code §134.203(b) states in pertinent part, "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." Review of the Correct Coding Initiatives (CCI) edits finds a CCI edit does exist between 99213 and 20605. However, the requestor did utilize the 25 modifier to indicate, "A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported." The description of the CPT code 99213 is, "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." Expanded Focus:

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- Documentation of the Expanded History
  - o History of Present Illness (HPI) consists of one to three elements of the HPI. Documentation found listed five chronic conditions, thus exceeding this component.
  - o Review of Systems (ROS) inquires about the system directly related to the problem(s) identified in the HPI. Documentation found listed three systems. This component was exceeded.
  - o Past Family, and/or Social History (PFSH) are not applicable.
- Documentation of an Expanded Examination:
  - o Requires limited examination of the affected body area. The documentation found examination of eight systems. This component was exceeded.

The Division finds the documentation submitted does support the criteria for the submitted CPT code was met and/or exceeded as a separate and distinct service. The disputed services will be reviewed per applicable rules and fee guidelines.

3. 28 Texas Administrative Code §134.203(c) states in pertinent part, "(c) To determine the 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 (date of service yearly conversion factor.)
  - Procedure code 99213, service date September 26, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.97 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.97873. The practice expense (PE) RVU of 1.1 multiplied by the PE GPCI of 1.002 is 1.1022. The malpractice RVU of 0.07 multiplied by the malpractice GPCI of 0.923 is 0.06461. The sum of 2.14554 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$118.65.
4. The total allowable reimbursement for the services in dispute is \$118.65. The amount previously paid by the insurance carrier is \$0.00. The requestor is seeking additional reimbursement in the amount of \$117.74. This amount is recommended.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$117.74.

**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 \$117.74 reimbursement for the disputed services.

**Authorized Signature**

		October 21, 2014
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 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.**