



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 Fort Worth

Respondent Name

American Home Assurance Company

MFDR Tracking Number

M4-14-3605-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 8, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am resubmitting the claim for payment for the following reasons: THIS IS NOT A DUPLICATE CLAIM/SERVICE. Received first denial for missing NPI, which was on ORIGINAL CLAIMS. I have attached ORIGINAL CLAIMS with the ORIGINAL CLAIM DATES when these were first submitted to the carrier. Resubmitting stating that to the carrier and received 2nd denial for duplicate claims. Patient has authorization for physical therapy. Office visits are recommended as determined to be medically necessary. Medical necessity for office visits in conjunction with work status form 73. Carrier shall not withdraw a preauthorization or concurrent review approval once issued. I'm taking the next step to get the rest of these claims paid and sending all documentation I have to MDR. THESE ARE NOT DUPLICATES. All other claims have been paid at 100%. Therefore, these claims should be paid in full."

Amount in Dispute: \$112.33

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Requestor filed its request for medical fee dispute resolution regarding service dates April 18, 2014 to April 29, 2014.

The submission, however, fails to include the explanation of benefits for the initial review of service dates April 18 and 12, 2014. Without that documentation, the nature of the dispute is unclear.

Service date April 29, 2014 was denied as the medical billing did not include the national provider identifier. That was not corrected on resubmission."

Response Submitted by: American Home Assurance Company, c/o Gallagher Bassett Services, Inc., 6404 International Pkwy, Ste. 2300, Plano, TX 75093.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 29, 2014	99213	\$112.33	\$112.33

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for submission of medical bills.
3. 28 Texas Administrative Code §133.210 sets out the procedures relating to medical documentation.
4. 28 Texas Administrative Code §133.240 sets out the procedures for review of medical bills by an insurance carrier.
5. 28 Texas Administrative Code §134.203 defines the medical fee guidelines for professional services performed by a health care provider.
6. 28 Texas Administrative Code §133.10 defines the required elements for billing professional medical services.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - From Explanation of Benefits dated 5/15/14:
 - 20 – (206) National Provider Identifier – missing
 - From Explanation of Benefits dated 7/25/14:
 - 18 – (18) Duplicate claim/service
 - From Explanation of Benefits dated 8/6/14:
 - 11 – (112) Service not furnished directly to the patient and/or not documented.
 - 193 – Denial code not explained as required in TAC §133.240 (f)(17)(H)
 - From Explanation of Benefits dated 9/19/14:
 - 97 – (97) The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - V136 – Denial code not explained as required in TAC §133.240 (f)(17)(H)

Issues

1. Did the requestor provide the necessary National Provider Identifiers in billing for date of service 4/29/14?
2. Did the requestor document that the services from date of service 4/29/14 were provided to the patient?
3. Is the evaluation and management code 99213 included in the payment/allowance for another service performed that day?
4. Is the requestor entitled to additional reimbursement?

Findings

1. For charges billed for date of service 4/29/14, the insurance carrier alleged in the Explanation of Benefits dated 5/15/14 that the National Provider Identifier was missing. Per 28 Texas Administrative Code §133.10 (f)(1)(L), “(1) The following data content or data elements are required for a complete professional or noninstitutional medical bill related to Texas workers’ compensation health care: (L) referring provider’s National Provider Identifier (NPI) number (CMS-1500/field 17b) is required when CMS-1500/field 17 contains the name of a health care provider eligible to receive an NPI number”. CMS-1500/field 17 shows that there is no referring health care provider. Therefore, no NPI number is required in CMS-1500/field 17b.
Per 28 Texas Administrative Code §133.10 (f)(1)(V), “(V) rendering provider’s NPI number (CMS-1500/field 24j, unshaded portion) is required when the rendering provider is not the billing provider listed in CMS-1500/field 33 and the rendering provider is eligible for an NPI number”. The rendering provider’s NPI number is listed in CMS-1500/field 24j as 1093045122. Per the National Plan and Provider Enumeration System at <https://nppes.cms.hhs.gov>, this number is valid for the rendering provider.
Per 28 Texas Administrative Code §133.10 (f)(1)(DD), “(DD) billing provider’s NPI number (CMS-1500/field 33a) is required when the billing provider is eligible for an NPI number”. The billing provider’s NPI number 1295972990 is present in CMS-15/field 33a. Per the National Plan and Provider Enumeration System at <https://nppes.cms.hhs.gov>, this number is valid for the billing provider.
2. For physical therapy and evaluation and management charges billed for date of service 4/29/14, the insurance carrier alleged in the Explanation of Benefits dated 8/6/14 that the service was not furnished directly to the patient and/or not documented. 28 Texas Administrative Code §133.210 (c) states, “In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation: (1) the **two highest Evaluation and Management office visit codes** for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes” [emphasis added]. CPT Code 99213 does not require medical records to be attached, but evidence presented indicates that this information was provided in the requestor’s appeal for reconsideration on 8/4/14. The documentation presented supports that the health care was furnished directly to the patient for this claim.
3. For evaluation and management code 99213, billed for date of service 4/29/14, the insurance carrier alleged in

the Explanation of Benefits dated 9/19/14 that the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. CCI Edits in place for the date of service do not indicate that CPT Code 99213 is bundled with any of the codes billed on the same date of service. The submitted documentation does not support this denial code.

4. Procedure code 99213, service date 4/29/14, 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 1.002 is 0.97194. The practice expense (PE) RVU of 1 multiplied by the PE GPCI of 0.987 is 0.987. The malpractice RVU of 0.07 multiplied by the malpractice GPCI of 0.799 is 0.05593. The sum of 2.01487 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$112.33. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$112.33.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$112.33 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

January 12, 2015
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.