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
MARVIN VAN HAL, MD

Respondent Name
ZURICH AMERICAN INSURANCE CO

MFDR Tracking Number
M4-15-1520-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
JANUARY 23, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "this claim was denied stating that documentation did not substantiate the charge. I had corrected the claim and then I corrected the claim again, but you still denied the claim stating that it still did not support the level of services."

Amount in Dispute: $366.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier issued reimbursement in the amount of $16.04 under CPT 73562 on May 26, 2014…Carrier maintains its position that the Requestor failed to properly document the level of service."

Response Submitted By: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 29, 2014	CPT Code 99203-25 Office Visit	$250.00	$169.10
	CPT Code 73562-26 Knee X-Ray	$116.00	$0.00
TOTAL		$366.00	$169.10

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 §134.203 set out the fee guideline for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - W1-Workers compensation state fee schedule adjustment.
   - 15(150)-Payer deems the information submitted does not support this level of service.

- P1-No code description given.
- P12-No code description given.
- W3-No code description given.
- ZE10-No code description given.

Issues

1. Does the documentation support billing of CPT code 99203? Is the requestor entitled to reimbursement?
2. Does the submitted documentation support payment of $16.04 for CPT code 73562-26? Is the requestor entitled to additional reimbursement?

Findings

1. The respondent denied reimbursement for the office visit, CPT code 9920.based upon the documentation did not support the level of service billed.

   28 Texas Administrative Code §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."

   CPT code 99203 is defined as "Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or 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 moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family."

   A review of the submitted medical reports finds that the requestor supports billing CPT code 99203 on the disputed date of service. As a result, reimbursement is recommended.

   Per 28 Texas Administrative Code §134.203(c)(1)(2), "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 $52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is $66.32.

   (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. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of $50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the $51.90 (with the exception of surgery) Division conversion factor in 2007."

   To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

   The 2014 DWC conversion factor for this service is 55.75

   The Medicare Conversion Factor is 35.8228

   Review of Box 32 on the CMS-1500 the services were rendered in zip code 75224, which is located in Dallas, Texas. Therefore, the Medicare participating amount will be based on the reimbursement for "Dallas, Texas".

   The Medicare participating amount for code 99203 is $108.66.

   Using the above formula, the Division finds that the MAR is $169.10; this amount is recommended for reimbursement.

2. On the disputed date of service the requestor billed CPT code 73562-26. CPT code 73562 is defined as "Radiologic examination, knee; 3 views." The requestor appended modifier "26-Professional component" to code 73562.

The respondent submitted a copy of check number 0109901770 for $16.04 to support payment was issued on May 26, 2014 for code 73562-26.

The Medicare participating amount for 73562-26 is $10.30. Using the above formula, the Division finds the MAR is $16.03. The respondent paid $16.04. As a result, additional reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is $169.10.

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 $169.10 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	04/07/2015 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.