



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Cy-Fair Chiropractic Association

Respondent Name

Sentry Casualty Company

MFDR Tracking Number

M4-15-3939-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 5, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CPT 97110 AND CPT 97112 WERE PREAUTHORIZED UNDER CERTIFICATION #10913638. DOCUMENTATION HAS BEEN UPDATED TO SHOW THE TIME SPENT ON EACH SERVICE.

... PLEASE NOT THE 99212 WAS USED AS THE PATIENT PRESENTED HERSELF FOR EXAMINATION FOR INJURIES SUSTAINED AT WORK. FURTHERMORE, THE SYMPTOMS THIS DAY REQUIRED THE DOCTOR TO EVALUATE THE PATIENTS PROGRESS/SYMPTOMS. THE MODIFIER 25 WAS ON THE ORIGINAL CLAIM DOS 03/27/2015 AND IS ADDED ON THIS REQUEST FOR RECONSIDERATION.

TREATMENT NOTES REFLECT THE SERVICES RENDERED."

Amount in Dispute: \$185.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "After further review of the providers treatment notes and additional \$105.17 has been issued to the provider ... dated 08/19/2015. This additional payment is for CPT 97110 03/26/2015 \$51.72 and CPT 97112 03/26/2015 \$53.45 based on the Texas Workers Compensation fee schedule...

CPT 99212 03/27/2015 \$75.00 remains denied for the following reason: Documentation does not support the appended 25 modifier. There is no documentation to support that any separately service was performed outside of the scheduled therapy... Documentation submitted does not support the requirements of CPT 99212-25. The provider has not met the AMA CPT guidelines for CPT 99212."

Response Submitted by: Coventry Workers' Comp Services

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: March 26 & 27, 2015, Physical Therapy (97110-GP-59, 97112-GP-59) Evaluation & Management (99212-25), \$185.00, \$69.78

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 sets out the guidelines for billing and reimbursing professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:  
For CPT code 97110 & 97112, date of service 3/26/15:
  - B12 – Services not documented in patients' medical records.
  - P12 – Workers' compensation jurisdictional fee schedule adjustment.
  - P300 – The amount paid reflects a fee schedule reduction.
  - V179 – CV: CPT CODE SUBMITTED IS BASED NO SERVICE TIME AND DOCUMENTATION DOES NOT SUPPORT THE TIME SPENT ON THIS PROCEDURE.
  - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.After submission to MFDR:
  - Z710 – The charge for this procedure exceeds the fee schedule allowance.
  - Notes: CV RECONSIDERATON. ADDITIONAL ALLOWANCE RECOMMENDED. THIS BILL AND SUBMITTED DOCUMENTATION HAVE BEEN RE-EVALUATED BY CLINICAL VALIDATION. AN ADDITIONAL ALLOWANCE IS RECOMMENDED.For CPT code 99212, date of service 3/27/15:
  - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
  - MV02 – Per CPT, code is denied based on CPT guidelines. Service included in 98940.
  - P12 – Workers' compensation jurisdictional fee schedule adjustment.
  - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - V129 – CV: PROCEDURE IS INCLUDED IN GLOBAL VALUE OF ANOTHER PROCEDURE.
  - P300 – The amount paid reflects a fee schedule reduction.After submission to MFDR:
  - V178 – CV: THE E&M SERVICE DOCUMENTED DOES NOT MEET THE CPT REQUIREMENTS FOR MODIFIER 25. SERVICE SHOULD NOT BE BILLED SEPARATELY.
  - Z710 – The charge for this procedure exceeds the fee schedule allowance.

### **Issues**

1. Are the insurance carrier's reasons for denial of payment for CPT Code 99212 supported?
2. What is the Maximum Allowable Reimbursement (MAR) for the disputed services?
3. Is the requestor entitled to additional reimbursement?

### **Findings**

1. The insurance carrier denied CPT Code 99212 with claim adjustment reason code 97 – "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated," and MV02 – "Per CPT, code is denied based on CPT guidelines. Service included in 98940." 28 Texas Administrative Code §134.203 (b) requires that

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.

Review of the submitted information finds that this evaluation and management code was billed on the same day, by the same provider as CPT code 98940, which has a global status of 000 (zero days). Medicare allows billing an evaluation and management code on the same day as a minor procedure with the use of modifier "25," if the service goes "beyond the usual pre-operative and post-operative care associated with the procedure or service." Documentation provided supports that the evaluation and management service met this requirement. The insurance carrier's denial reason is not supported. The disputed services will therefore be reviewed per applicable Division rules and fee guidelines.

2. 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. The Division conversion factor for 2015 is \$56.20.

For CPT Code 97110 on March 26, 2015, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.019 is 0.458550. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.006 is 0.442640. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The reduced PE is 0.221320. The malpractice RVU of .02 multiplied by the malpractice GPCI of 0.955 is 0.019100. The sum of 0.698970 is multiplied by the Division conversion factor of \$56.20 for a MAR of \$39.28.

For CPT Code 97112 on March 26, 2015, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.019 is 0.458550. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.006 is 0.482880. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 50% of the practice expense. This procedure does not have the highest PE for this date. The reduced PE is 0.241440. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.955 is 0.009550. The sum of 0.709540 is multiplied by the Division conversion factor of \$56.20 for a MAR of \$39.88.

For CPT Code 99212 on March 27, 2015, the relative value (RVU) for work of 0.48 multiplied by the geographic practice cost index (GPCI) for work of 1.019 is 0.489120. The practice expense (PE) RVU of 0.71 multiplied by the PE GPCI of 1.006 is 0.714260. The malpractice RVU of 0.04 multiplied by the malpractice GPCI of 0.955 is 0.038200. The sum of 1.241580 is multiplied by the Division conversion factor of \$56.20 for MAR of \$69.78.

3. The total MAR for CPT code 97110, date of service March 26, 2015, is \$39.28. The insurance carrier paid \$51.72. No further reimbursement is recommended for this code. The total MAR for CPT code 97112, date of service March 26, 2015, is \$39.88. The insurance carrier paid \$53.45. No further reimbursement is recommended for this code. The total MAR for CPT code 99212, date of service March 27, 2015, is \$69.78. The insurance carrier paid \$0.00. A reimbursement of \$69.78 is recommended for this code.

### **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 \$69.78.

**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 \$69.78 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

**Authorized Signature**

_____	<u>Laurie Garnes</u>	<u>September 17, 2015</u>
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, 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 MFDR 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.**