



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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Texas Bone and Joint Center

Respondent Name

Arch Insurance Company

MFDR Tracking Number

M4-16-1703-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

February 19, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Under Official Order No. 3365 of the Texas Commissioner of Workers' Compensation, Dr. Chavda was removed from the division's designated doctors list until 06/20/2019. However, this order did not remove him from the workers' compensation system and therefore he is still able to both act as a treating physician and to certify maximum medical improvement (MMI)."

Amount in Dispute: \$391.80

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please see the EOBs and the rationale(s) stated therein for the billing reductions."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 21, 2015	Evaluation and Management, Established Patient (99214)	\$391.80	\$171.25

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 15 – (150) Payer deems the information submitted does not support this level of service.
 - P12
 - Z710

- B7 – This provider was not certified/eligible to be paid for this procedure/service on the date of service.

Issues

1. What are the services in dispute?
2. Did the insurance carrier support that the provider was not certified/eligible to be paid for the service in dispute?
3. Did the requestor support the level of service?
4. What is the maximum allowable reimbursement (MAR) for the disputed service?
5. Is the requestor entitled to reimbursement for the service in dispute?

Findings

1. While the requestor included procedure codes 76881-59-RT; 73080-RT; and 99080-73 on the Medical Fee Dispute Resolution Request (DWC060), the requestor is seeking reimbursement of \$0.00 for these procedures. The requestor is seeking reimbursement of \$391.80 for procedure code 99214. Therefore, this is the only service considered in this dispute.
2. The insurance carrier denied disputed services with claim adjustment reason code B7 – “THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.” Review of the Texas Medical Board website finds that license number J5282 for Deepak V. Chavda, M.D., became active on March 25, 1994 and has not been suspended. The division finds that the insurance carrier has failed to support this denial reason.
3. The insurance carrier denied disputed services with claim adjustment reason code 15 – “PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.” 28 Texas Administrative Code §134.203(b)(1) 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; ... and other payment policies in effect on the date a service is provided...”

Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient represented by procedure code 99214. The American Medical Association (AMA) CPT code description for 99214 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: A detailed history; A detailed examination; Medical decision making of moderate 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 to high severity. **Typically, 25 minutes are spent face-to-face with the patient and/or family** [emphasis added].

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare guideline to determine the documentation requirements for the service in dispute. The 1997 Documentation Guidelines state,

In the case where counseling and/or coordination of care dominates (more than 50%) of the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting, floor/unit time in the hospital or nursing facility), time is considered the key or controlling factor to qualify for a particular level of E/M services... *If the physician elects to report the level of service based on counseling and/or coordination of care, the total length of time of the encounter (face-to-face or floor time, as appropriate) should be documented and the record should describe the counseling and/or activities to coordinate care.*

Review of the submitted records finds that the requestor documented “25-30 minutes with this patient taking a lengthy history, performing a comprehensive physical exam, discussing the diagnosis using posters,

and explaining the treatment options.” The division finds that the requestor supported the level of service billed.

4. 28 Texas Administrative Code §134.203(c) states,

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...
- (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 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 procedure code 99214 on July 21, 2015, the relative value (RVU) for work of 1.50 multiplied by the geographic practice cost index (GPCI) for work of 1.018 is 1.527000. The practice expense (PE) RVU of 1.43 multiplied by the PE GPCI of 1.009 is 1.442870. The malpractice (MP) RVU of 0.10 multiplied by the MP GPCI of 0.772 is 0.077200. The sum of 3.047070 is multiplied by the Division conversion factor of \$56.20 for a MAR of \$171.25.

5. The MAR for the disputed service is \$171.25. The insurance carrier paid \$0.00. A reimbursement of \$171.25 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 \$171.25.

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 \$171.25 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

	Laurie Garnes	April 6, 2016
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.