



# 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**

ECCARE PROFESSIONAL ASSN. OF TEXAS, P.A.

**Respondent Name**

TEXAS MUTUAL INSURANCE CO

**MFDR Tracking Number**

M4-16-3132-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

JUNE 14, 2016

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The patient, our medical staff, and the provider together perform a COMPREHENSIVE HISTORY, for each patient visit. Our providers record an EXTENDED HPI, a COMPLETE ROS and a COMPLETE PFSH, meeting the requirements for a comprehensive history...This of course will meet the requirement of two out of the three components of documentation for established patient visits."

**Requestor's Supplemental Position Summary:** "Concerning the carrier response dated June 28, 2016...accuses EcCare...of submitting false information...Please explain then the enclosed EOB date May 18, 2016 for date of service February 18, 2016 which Texas Mutual PROCESSED AND DENIED LINE ITEM 99214'25'."

**Amount in Dispute:** \$242.56

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The requester billed code 99214. Texas Mutual denied payment because the requestor's documentation does not meet the CPT criteria for 99214. The History is expanded problem focused, the Examination is expanded problem focused, and the Medical Decision making is low. Texas Mutual declined to issue payment for the DWC73 as there was no change in work status from the previous DWC73. (Attachment) The requestor's DWC60 Table of Disputed Services lists code 99455. Prior to receiving the DWC60 packet Texas Mutual received no billing from the requestor for that code. (Attachment 1) It appears the requestor inked in the code onto a copy of a pre-existing. The bill has been presented to DWC MDR and not to Texas Mutual. Absent a bill from the requestor for the code that Texas Mutual adjudicated, no dispute exists."

**Response Submitted By:** Texas Mutual Insurance Co.

#### SUMMARY OF FINDINGS

| Dates of Service  | Disputed Services                       | Amount In Dispute | Amount Due |
|-------------------|---|-------------------|------------|
| February 18, 2016 | CPT Code 99214<br>Office Visit          | \$177.56          | \$169.32   |
|                   | CPT Code 99080-73<br>Work Status Report | \$15.00           | \$0.00     |

|                   |                   |          |          |
|-------------------|-------------------|----------|----------|
| February 18, 2016 | CPT Code 99455-VR | \$50.00  | \$0.00   |
| TOTAL             |                   | \$242.56 | \$169.32 |

### ***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 §134.204, effective March 1, 2008, sets out medical fee guidelines for workers' compensation specific services.
3. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
4. 28 Texas Administrative Code §129.5, effective July 16, 2000, sets out the procedure for reporting and billing work status reports.
5. 28 Texas Administrative Code §133.250, effective March 30, 2014 sets out the medical bill/audit process.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - CAC-P12-Workers' compensation jurisdictional fee schedule adjustment.
  - CAC-150-Payer deems the information submitted does not support this level of service.
  - CAC-16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
  - 225-The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
  - 248-DWC-73 in excess of the filing requirements; no change in work status and/or restrictions; reimbursement denied per rule 129.5.
  - 890-Denied per AMA CPT code description for level of service and/or nature of presenting problems.
  - CAC-W3, 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
  - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - 891-No additional payment after reconsideration.

#### **Issues**

1. Does the documentation support billing code 99214? Is the requestor entitled to reimbursement?
2. Does the documentation support billing code 99080-73? Is the requestor entitled to reimbursement?
3. Is CPT code 99455-VR eligible for review in accordance with 28 Texas Administrative Code §133.307 and §133.250?

#### **Findings**

1. According to the submitted explanation of benefits, the respondent denied reimbursement for CPT code 99214 based upon reason codes "CAC-150-Payer deems the information submitted does not support this level of service," "CAC-16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication," "225-The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information," and "890-Denied per AMA CPT code description for level of service and/or nature of presenting problems."

The requestor argues that reimbursement is due based upon "The patient, our medical staff, and the

provider together perform a COMPREHENSIVE HISTORY, for each patient visit. Our providers record an EXTENDED HPI, a COMPLETE ROS and a COMPLETE PFSH, meeting the requirements for a comprehensive history...This of course will meet the requirement of two out of the three components of documentation for established patient visits.”

The respondent contends that reimbursement is not due because “requestor’s documentation does not meet the CPT criteria for 99214. The History is expanded problem focused, the Examination is expanded problem focused, and the Medical Decision making is low.”

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 99214 is defined as “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.”

A review of the submitted medical report supports the documentation requirement which requires 2 of the 3 key components for code 99214, specifically a detailed history and examination; therefore, reimbursement is recommended per 28 Texas Administrative Code §134.203.

28 Texas Administrative Code §134.203(c)(1)(2) 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. 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:  $(\text{DWC Conversion Factor} / \text{Medicare Conversion Factor}) \times \text{Participating Amount} = \text{Maximum Allowable Reimbursement (MAR)}$ .

The 2016 DWC conversion factor for this service is 58.62.

The Medicare Conversion Factor is 35.8043

Review of Box 32 on the CMS-1500 the services were rendered in zip code 76401, which is located in Stephenville, Texas; therefore, the Medicare participating amount is based on locality “Rest of Texas”.

The Medicare participating amount for code 99214 is \$103.42

Using the above formula, the MAR is \$169.32; this amount is recommended for reimbursement.

2. The respondent denied reimbursement for CPT code 99080-73 based upon "CAC-P12-Workers' compensation jurisdictional fee schedule adjustment," and "248-DWC-73 in excess of the filing requirements; no change in work status and/or restrictions; reimbursement denied per rule 129.5."

The respondent states in the position summary that "Texas Mutual declined to issue payment for the DWC73 as there was no change in work status from the previous DWC73."

CPT code 99080 is defined as "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

The requestor appended modifier "73-Work status report" to code 99080.

28 Texas Administrative Code §134.204(l) states:

The following shall apply to Work Status Reports. When billing for a Work Status Report that is not conducted as a part of the examinations outlined in subsections (i) and (j) of this section, refer to §129.5 of this title (relating to Work Status Reports).

28 Texas Administrative Code §129.5(i)(1) states:

Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be \$15. A doctor shall not bill in excess of \$15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section. Doctors are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors billing for Work Status Reports as permitted by this section shall do so as follows: (1) CPT code "99080" with modifier "73" shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section.

28 Texas Administrative Code §129.5 (d) states:

The doctor shall file the Work Status Report:

- (1) after the initial examination of the employee, regardless of the employee's work status;
- (2) when the employee experiences a change in work status or a substantial change in activity restrictions."

The requestor did not submit a report to support a substantial change in activity restrictions to support billing CPT code 99080-73 accordance with 28 Texas Administrative Code §129.5(d)(2). As a result, reimbursement is not recommended.

3. The requestor listed CPT code 99455-VR on the *Table of Disputed Services* for the amount of \$50.00.

The respondent indicated that "The requestor's DWC60 Table of Disputed Services lists code 99455. Prior to receiving the DWC60 packet Texas Mutual received no billing from the requestor for that code."

28 Texas Administrative Code §133.250(i) states,

If the health care provider is dissatisfied with the insurance carrier's final action on a medical bill after reconsideration, the health care provider may request medical dispute resolution in accordance with the provisions of Chapter 133, Subchapter D of this title (relating to Dispute of Medical Bills).

28 Texas Administrative Code §133.307(c)(2) states,

Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include:

(J) a paper copy of all medical bill(s) related to the dispute, as originally submitted to the insurance carrier in accordance with this chapter and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (relating to General Medical Provisions);

(K) a paper copy of each explanation of benefits (EOB) related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB”

The division reviewed the submitted dispute packet and finds no evidence that the requestor submitted the medical bill for CPT code 99455-VR to the respondent in accordance with §133.250. The Division finds that the requestor has not supported that CPT code 99455-VR is eligible for medical fee dispute resolution in accordance with 28 Texas Administrative Code §133.307 and §133.250. As a result, 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 \$169.32.

### 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 \$169.32 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

08/31/2016  
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.**