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
DR. MOFFATT D. ADAMS JR DPM

Respondent Name
ZURICH AMERICAN INSURANCE CO

MFDR Tracking Number
M4-18-2934-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
APRIL 16, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I have attached medical documentation for…which supports the procedure that was performed with Dr. Moffatt D Adams Jr DPM PLLC for this DOS. After you have reviewed the documentation. I ask that you kindly reprocess the claim for payment."

Amount in Dispute: $4,726.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Since the provider did not file the request for Medical Fee Dispute Resolution timely for those thirteen dates of service, all of them should be dismissed."

Response Submitted By: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 19, 2015	CPT Code 99214	$310.00	Not eligible for review
February 5, 2016 August 19, 2016	CPT Code 99213	$310.00/ea.	Not eligible for review
October 14, 2016	CPT Code 99213	$310.00/ea.	Not eligible for review
October 14, 2016	CPT Code 11042	$334.00	$0.00
October 14, 2016	CPT Code 29580	$200.00	$0.00
October 14, 2016	HCPCS Code A6454	$32.00	$0.00

December 12, 2016	CPT Code 99214-25	$310.00/ea	$0.00
December 12, 2016	CPT Code 11043	$459.00	$0.00
December 12, 2016	CPT Code 11046	$167.00	$0.00
December 12, 2016	CPT Code 64640	$400.00	$0.00
December 12, 2016	HCPCS Code J2001	$10.00	$0.00
April 11, 2017	CPT Code 99213	$310.00/ea	$0.00
July 11, 2017	CPT Code 99213	$310.00/ea	Not eligible for review
September 12, 2017	CPT Code 99214	$310.00	$0.00
September 26, 2017	CPT Code 99214	$310.00	$0.00
November 27, 2017	CPT Code 11042	$334.00	$0.00
TOTAL		$4,726.00	$0.00

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 §133.250 sets out the medical bill processing and audit by insurance carriers procedures.
3. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
4. The services in dispute were reduced / denied by the respondent with the following reason codes:
   - 150-Payer deems the information submitted does not support this level of service.
   - P12-Workers compensation jurisdictional fee schedule adjustment.
   - 112-Service not furnished directly to the patient and/or not documented.
   - 16-Claim service lacks information or has submission/billing error(s) which is needed for adjudication.
   - XV41-Documentation to substantiate this charge was not submitted or is insufficient to accurately review this charge. Please submit documentation to substantiate charges.
   - V122-Code submitted is not supported by documentation.
   - 999-After review of the bill and the medical records, this service is best described by 99212. The submitted documentation did not meet 2 of the 3 key components required for a 99214. Lacking an expanded problem focused, detailed history and an expanded problem focused, detailed physical examination and a medical decision of low, moderate complexity.
   - V172-Bill documentation is illegible. Please submit with legible documentation.
   - 29-The time limit for filing has expired.
   - 18-Exact duplicate claim/service.
   - W3-Request for reconsideration.
   - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Was the request for medical dispute resolution filed timely?
2. Is CPT code 99213 rendered on October 14, 2016 and July 11, 2017 eligible for review?
3. Does the documentation support CPT codes 11042, 29580, and A6454 rendered on October 14, 2016? Is the requestor entitled to reimbursement?
4. Does the documentation support services rendered on December 12, 2016? Is the requestor entitled to reimbursement?
5. Does the documentation support CPT code 99213 rendered on April 11, 2017? Is the requestor entitled to reimbursement?
6. Does the documentation support CPT code 99214 rendered on September 12, 2017? Is the requestor entitled to reimbursement?
7. Does the documentation support CPT code 99214 rendered on September 26, 2017? Is the requestor entitled to reimbursement?
8. Does the documentation support CPT code 11042 rendered on November 27, 2017? Is the requestor entitled to reimbursement?

Findings

1. This dispute involves dates of service June 19, 2015 through November 27, 2017. The dispute was filed to TDI-DWC MFDR on April 16, 2018. TDI-DWC addresses the issue as follows:
   - The requestor performed the service in San Antonio, TX that is located in Bexar County.
   - On August 23, 2017, Governor Greg Abbott issued a proclamation declaring that Hurricane Harvey poses a threat of imminent disaster along the Texas Coast and in numerous counties including Bexar County. The declaration states in pertinent part: "THEREFORE, in accordance with the authority vested in me by Section 418.014 of the Texas Government Code, I do hereby declare a state of disaster in the previously listed counties based on the existence of such treat. Pursuant to Section 418.017 of the code, I authorize the use of all available resources of state government and of political subdivisions that are reasonably necessary to cope with this disaster. Pursuant to Section 418.016 of the code, any regulatory statute prescribing the procedures for conduct of state business or any order or rule of a state agency that would in any way prevent, hinder or delay necessary action in coping with this disaster shall be suspended upon written approval of the Office of the Governor. However, to the extent that the enforcement of any state statute or administrative rule regarding contracting or procurement would impede any state agency's emergency response that is necessary to protect life or property threatened by this declared disaster, I hereby authorize the suspension of such statutes and rules for the duration of this declared disaster."
   - Governor Abbott issued subsequent proclamations extending the state of disaster for the named counties due to the substantial destruction in South, Central and East Texas. To date, the Hurricane Harvey Disaster Proclamations cover a period from August 23, 2017 through January 10, 2018 for Bexar County.
   - The Texas Department of Insurance issued Commissioner's Bulletins# B-0020-17 and B-0042-17 as a result of the Governor's Proclamation. The bulletins "required insurance carriers to continue to process and pay workers' compensation claims and tolled (paused) deadlines for specified workers' compensation procedures involving system participants who reside in the counties listed in the Governor's disaster proclamation."
   - 28 Texas Administrative Code §133.307(c)(1)(A), states in pertinent part "A request for medical fee dispute resolution…shall be filed no later than one year after the date(s) of service in dispute."
   - In this dispute, 28 Texas Administrative Code §133.307(c)(1)(A), is computed by ***counting*** each day up to and including August 23, 2017, then by ***NOT counting*** each day from August 24, 2017, through January 9, 2018, and finally by counting of days from January 10, 2018 and on. In other words, the total days would be computed by adding only the days counted before, and the days counted after the tolled period, not to include any of the days in the tolled period.

MFDR's obligation under the Governor's Proclamations and the Commission's Bulletins is to accept dates of service October 14, 2016 through November 27, 2017, as timely because the one-year dispute filing deadline, in this case, is tolled. The division finds dates of service June 19, 2015 through August 19, 2016 are not eligible for review because they are past the tolled one year deadline.

2. The requestor listed on the *Table of Disputed Services* CPT code 99213 for dates of service October 14, 2016 and July 11, 2017.

   28 Texas Administrative Code §133.307(c)(2)(J) requires the requestor to submit, "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)." The division reviewed the submitted medical bills and finds the requestor did not submit:

   - A bill or reconsideration bill for October 14, 2016 and July 11, 2017 for CPT code 99213.

   28 Texas Administrative Code §133.307(c)(2)(K) requires the requestor to submit "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 EOBs and finds the requestor did not submit:

   - An EOB for October 14, 2016 and July 11, 2017 for CPT code 99213.

   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)."

   - Any evidence to support CPT code 99213 rendered on October 14, 2016 and July 11, 2017 was originally billed or submitted for reconsideration as required by 28 Texas Administrative Code §133.250(i).

   The division concludes that CPT code 99213 rendered on October 14, 2016 and July 11, 2017 was not filed in the form and manner required by 28 Texas Administrative Code §133.307. The requestor did not support that these services are eligible for review. As a result, CPT code 99213 rendered on October 14, 2016 and July 11, 2017 will not be considered further in this decision.

3. According to the explanation of benefits, the respondent denied reimbursement for CPT codes 11042, 29580, and A6454 rendered on October 14, 2016 based upon reason "112-Service not furnished directly to the patient and/or not documented."

   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."

   28 Texas Administrative Code §134.203(b) states "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…"

   CPT codes 11042, 29580-RT and A6454 are described as:

   - CPT code 11042 - "Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less."

- CPT Code 29580-RT – "Strapping; Unna boot."
- HCPCS code A6454- "Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd."

28 Texas Administrative Code §133.307(c)(2)(M) requires the requestor to submit "a copy of all applicable medical records related to the dates of service in dispute."

A review of the submitted documentation finds the requestor did not submit a medical report for date of service October 14, 2016 to support billing CPT codes 11042, 29580-RT and A6454; therefore, the respondent's denial of payment is supported. As a result, reimbursement is not recommended.

4. According to the explanation of benefits, the respondent denied reimbursement for services rendered on December 12, 2016 based upon reason "16-Claim service lacks information or has submission/billing error(s) which is needed for adjudication."

   On the disputed date of service, the requestor billed 99214-25, 11043, 11046, 64640 and J2001. These codes are described as:

   - CPT code 99214 - "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.."
   - CPT Code 11043- – "Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less."
   - CPT code 11046 – "Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)."
   - CPT Code 64640 – "Destruction by neurolytic agent; other peripheral nerve or branch."
   - HCPCS code J2001- "Injection, lidocaine HCl for intravenous infusion, 10 mg."

   28 Texas Administrative Code §133.307(c)(2)(M) requires the requestor to submit "a copy of all applicable medical records related to the dates of service in dispute."

   A review of the submitted documentation finds the requestor did not submit a medical report for date of service December 12, 2016; therefore, the respondent's denial of payment is supported. As a result, reimbursement is not recommended.

5. According to the explanation of benefits, the respondent denied reimbursement for CPT code 99213 rendered on April 11, 2017 based upon reason "XV41-Documentation to substantiate this charge was not submitted or is insufficient to accurately review this charge. Please submit documentation to substantiate charges."

   CPT code 99213 is described 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: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and 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 low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family."

The division reviewed the submitted report and finds that the requestor did not meet 2 of the 3 key components required for billing CPT code 99213; therefore, the documentation does not support billed service. As a result, reimbursement is not recommended.

6. According to the explanation of benefits, the respondent denied reimbursement for CPT code 99214 rendered on September 12, 2017 based upon reason "XV41-Documentation to substantiate this charge was not submitted or is insufficient to accurately review this charge. Please submit documentation to substantiate charges."

   CPT code 99214 is described 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." The division reviewed the submitted report and finds that the requestor did not meet 2 of the 3 key components required for billing CPT code 99214; therefore, the documentation does not support billed service. As a result, reimbursement is not recommended.

7. According to the explanation of benefits, the respondent denied reimbursement for CPT code 99214 rendered on September 26, 2017 based upon reason "V122-Code submitted is not supported by documentation." A review of the submitted report finds that the requestor did not meet 2 of the 3 key components required for billing CPT code 99214; therefore, the documentation does not support billed service. As a result, reimbursement is not recommended.

8. According to the explanation of benefits, the respondent denied reimbursement for CPT code 11042 rendered on November 27, 2017 based upon reason "V172-Bill documentation is illegible. Please submit with legible documentation."

   CPT Code 11042 is described as "Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less."

   28 Texas Administrative Code §133.307(c)(2)(M) requires the requestor to submit "a copy of all applicable medical records related to the dates of service in dispute."

   A review of the submitted documentation finds the requestor did not submit a medical report for date of service November 27, 2017; therefore, the respondent's denial of payment is supported. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	5/18/2018 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.