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
Zhao, Jeff Xinda

Respondent Name
Old Republic Insurance Co

MFDR Tracking Number
M4-20-0294-01

Carrier's Austin Representative
Box Number 44

MFDR Date Received
October 1, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We believe they are bundling the 99213 incorrectly."

Amount in Dispute: $224.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: None submitted.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 26, 2018	99213, -25	$224.00	$119.01

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 reimbursement guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 97 – Payment adjusted because the benefit for this procedure is included in the payment/allowance for another service/procedure.

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. What rule is applicable to the fee guideline?
3. Is the requestor entitled to additional reimbursement?

Findings

Findings:

The Austin carrier representative for Old Republic is White Espey who acknowledged receipt of the copy of this medical fee dispute on October 9, 2019. 28 Texas Administrative Code §133.307 states, in relevant part:

> (d) Responses. Responses to a request for MFDR shall be legible and submitted to the division and to the requestor in the form and manner prescribed by the division.
>
> (1) Timeliness. The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile **within 14 calendar days after the date the respondent received the copy of the requestor's dispute** [emphasis added]. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information.

Review of the documentation finds that no response has been received to date. DWC will base its decision on the information available.

1. The requestor is seeking additional reimbursement for professional medical services rendered on April 26, 2019. The requestor denied the services based on bundling.

   28 §134.203 (b) states Texas workers' compensation system participants shall apply Medicare payment policies for coding, billing, reporting, and reimbursement of professional medical services, including its coding; billing; correct coding initiatives (CCI) edits.

   Review of the Medicare CCI edits at www.cms.gov, found while an edit does exists between the submitted Codes 20611 and 99213, there is a indicator of "1" which allows for the use of a modifier to allow payment. The submitted medical bill contained the line 99213 -25 which results in a payable line item. The disputed service will be reviewed per applicable fee guideline.

2. The reimbursement is calculated based on the provisions of 28 TAC 134.203 (c) (1) which states for professional services, system participants shall apply the Medicare payment policies with minimal modifications. For Evaluation & Management when performed in an office setting, the established conversion factor to be applied is (annual conversion factor for date of service in dispute). The calculation is shown below.

Workers Compensation Conversion Factor	Medicare Conversion Factor	Medicare allowable	MAR equation
59.19	36.0391	$72.46	59.19/36.0391 x $72.46 = $119.01

3. The total allowable for the service in dispute is $119.01. This amount is recommended.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requestor has established payment is due. As a result, the amount ordered is $119.01.

ORDER

In accordance with Texas Labor Code Section 413.031 and 413.019 (if applicable) and based on the submitted information, DWC finds the requestor is/is not entitled to additional reimbursement. DWC hereby ORDERS the respondent to remit to the requestor $119.01, plus accrued interest per Rule §134.130, due within 30 days of receipt of this order.

Authorized Signature

		November 21, 2019
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 Rule §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to DWC 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. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.