



# 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 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

LAREDO SPORTS MEDICINE CLINIC

**Respondent Name**

HARTFORD CASUALTY INSURANCE CO

**MFDR Tracking Number**

M4-20-0811-01

**Carrier's Austin Representative**

Box Number 47

**MFDR Date Received**

DECEMBER 2, 2019

#### REQUESTOR'S POSITION SUMMARY

The requestor did not submit a position summary.

**Amount in Dispute:** \$4,135.00

#### RESPONDENT'S POSITION SUMMARY

December 30, 2019: "DOS 2/22/2019 \$1110.00. Per DWC62 it appears it was previously denied as preauthorization/notification was absent for the DME. However, appears it was Pre-authorized. Therefore, additional payment will be processed per fee schedule. DOS 02/25/2019 \$3000.00 CPT 29877: The denial has been confirmed...CPT 29882: Additional monies are allowed on this code as authorization was provided."

January 7, 2020: "DOS 2/22/2019\$1110.00...(additional \$799.80) was finalized in our system today and should be available in Risx-Facs within 24-48 hours...L1833=564.43 X 125% = 705.54; E0114=47.41 X 125% = 59.26; CPT 99211 was allowed at the billed charge/state allowance. DOS 02/25/219 \$3000.00...(additional \$1424.51) was finalized in our system today and should be available in Risx-Facs within 24-48 hours. CPT 29882: Additional monies are allowed on this code as authorization was provided. CPT 29877: The denial has been confirmed...DOS 02/25/19 \$25.00 The pricing has been confirmed."

**Response Submitted by:** Gallagher Bassett

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 22, 2019	Code L1833 Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	\$1,000.00	\$0.00
	Code E0114 Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	\$75.00	\$0.00
	Code 99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified	\$35.00	\$0.00

	health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services		
February 25, 2019	Code 99080 Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	\$25.00	\$0.00
	Code 29882 Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	\$1,500.00	\$0.00
	Code 29877 Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	\$1,500.00	\$0.00
TOTAL		\$4,135.00	\$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 (DWC).

#### **Background**

1. 28 Texas Administrative Code §133.307 (TAC), effective May 31, 2012, sets out the procedures for resolving a medical fee dispute.
2. 28 TAC §134.600, effective November 1, 2018, requires preauthorization for specific treatments and services.
3. 28 TAC §133.250, effective March 30, 2014, sets out the medical bill processing and audit by insurance carriers procedures.
4. 28 TAC §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
5. Per the submitted explanation of benefits, the services in dispute were reduced/denied by the respondent with the following claim adjustment reason codes:
  - 197-Precertification/authorization/notification/pre-treatment absent.
  - 39-Services denied at the authorization/pre-certification was requested.
  - 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
  - W3-Request for reconsideration.
  - 193-Original payment decision is being maintained. Upon review, it was determined that his claim was processed properly.

#### **Issues**

Is the requestor entitled to reimbursement for services rendered on February 22 and 25, 2019?

#### **Findings**

1. The requestor is seeking medical fee dispute resolution in the amount of \$4,135.00 for professional services rendered to the injured worker on February 22 and 25, 2019.

2. 28 TAC §133.307(c)(2) states,

Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division. (2) 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; and

(N) a position statement of the disputed issue(s) that shall include:

- (i) the requestor's reasoning for why the disputed fees should be paid or refunded,
- (ii) how the Labor Code and division rules, including fee guidelines, impact the disputed fee issues, and
- (iii) how the submitted documentation supports the requestor's position for each disputed fee issue.

The requestor did not submit a copy of any medical bills or a position summary, or explanation of benefits for CPT code 99080. The DWC finds the requestor did not submit the dispute in the form and manner required by 28 TAC §133.307(c)(2); therefore, this decision is based upon the submitted documentation.

3. Whether the requestor's medical fee dispute for CPT code 99080 is eligible for review relies upon whether the requestor satisfied the relevant prerequisite requirements as follows:
  - 28 TAC §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)."
  - 28 TAC §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)."

When read together, the requirements listed above obligate the requestor to provide proof that the medical bill for the services in dispute was appealed in accordance with §133.250.

No documentation was found to support that the requestor submitted the bill or sought reconsideration as required by TAC §133.250(i) for CPT code 99080; therefore, this code is not eligible for dispute resolution.

4. The respondent initially denied reimbursement for CPT codes L1833, E0114, 99211, and 29882 based upon a lack of preauthorization. The respondent did not maintain this denial stating, "Per DWC62 it appears it was previously denied as preauthorization/notification was absent for the DME. However, appears it was Pre-authorized. Therefore, additional payment will be processed per fee schedule. DOS 02/25/2019 \$3000.00 CPT 29877: The denial has been confirmed...CPT 29882: Additional monies are allowed on this code as authorization was provided." The DWC determines that reimbursement is due for CPT codes L1833, E0114, 99211, and 29882.
5. The fee guidelines for professional services are found in 28 TAC §134.203.
6. To determine the MAR for CPT codes 99211 and 29882 the DWC refers to 28 TAC §134.203(c)(1)(2).

Per 28 Texas Administrative Code §134.203(c)(1)(2), "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 DWC had been using this MEI annual percentage adjustment: The 2006 DWC 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) DWC conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- CPT Code 99211:

Place of Service 11

The 2019 DWC Conversion Factor is 59.19

The 2019 Medicare Conversion Factor is 36.0391

The services were rendered in zip code 78045, which is located in Laredo, Texas; therefore the Medicare carrier locality is "Rest of Texas."

Medicare participating amount at this locality is \$21.99

Using the above formula, the DWC finds the MAR is \$36.12 or less. The requestor is seeking a lesser amount of \$35.00. The respondent paid \$35.00. As a result, The requestor is due the difference between the MAR and amount paid of \$0.00.

- CPT Code 29882:

Place of Service 22

The 2019 DWC Conversion Factor is 74.29

The 2019 Medicare Conversion Factor is 36.0391

The services were rendered in zip code 78045, which is located in Laredo, Texas; therefore the Medicare carrier locality is "Rest of Texas."

Medicare participating amount at this locality is \$691.05.

Using the above formula, the DWC finds the MAR is \$1,424.51. The respondent paid \$1,424.51. As a result, The requestor is due the difference between the MAR and amount paid of \$0.00.

7. To determine the MAR for HCPCS codes L1833 and E0114-NU the DWC refers to 28 TAC §134.203(d)(1).

Per 28 TAC §134.203(d), "The MAR for Healthcare Common Procedure Coding System (HCPCS) Level II codes A, E, J, K, and L shall be determined as follows: (1) 125 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule."

- HCPCS code L1833:

Per the DMEPOS fee schedule HCPCS code L1833 has a rate of \$564.43.

Per 28 TAC §134.203(d),  $\$564.43 \times 125\% = \$705.53$ . The respondent paid \$705.54.

The requestor is due the difference between the MAR and amount paid of \$0.00.

- HCPCS code E0114-NU:

Per the DMEPOS fee schedule HCPCS code E0114-NU has a rate of \$47.41.

Per 28 TAC §134.203(d),  $\$47.41 \times 125\% = \$59.26$ . The respondent paid \$59.26.

The requestor is due the difference between the MAR and amount paid of \$0.00.

8. The respondent denied reimbursement for code 29877 based upon "97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."

28 TAC §134.203 (b)(1) 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; 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."

Per CCI edits, CPT code 29877 is global to code 29882; therefore, the respondent's denial is supported.

## **Conclusion**

For the reasons stated above, the DWC finds that the respondent upon reconsideration paid for the disputed services based upon the fee guideline. As a result, the amount ordered is \$0.00.

**ORDER**

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

01/15/2020  
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 TAC §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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 DWC. **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.**