



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

UMC PHYSICIANS

Respondent Name

ZENITH INSURANCE CO

MFDR Tracking Number

M4-20-0979-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

DECEMBER 16, 2019

REQUESTOR'S POSITION SUMMARY

"Zenith continued to deny the administration of the injection CPT code 96372 as included to another service/procedure. Patient came in for evaluation of left shoulder pain. Based on evaluation it was determined an injection of Toradol was needed. Overturn denial by Zenith with supporting documentation.

Amount in Dispute: \$60.00

RESPONDENT'S POSITION SUMMARY

"CPT 96372 is not reportable with 99204 and the E/M has already been reimbursed. **No additional payment is due to the provider at this time.**"

Response Submitted by: the Zenith

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|-------------------|-------------------|-------------------|------------|
| September 3, 2019 | CPT Code 96372 | \$60.00 | \$26.64 |

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

- 28 Texas Administrative Code §133.307, effective May 31, 2012 sets out the procedures for resolving a medical fee dispute.
- 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 217-The value of this procedure is included in the value of another procedure performed on this date.
 - 350-Bill has been identified as a request for reconsideration or appeal.

Issues

Is the requestor entitled to reimbursement for CPT codes 96372?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$60.00 for CPT code 96372 rendered on September 3, 2019.
2. The fee guidelines for disputed services is found at 28 TAC §134.203.
3. 28 TAC §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."
4. 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."
5. The respondent denied reimbursement for CPT code 96372 based upon, "217-The value of this procedure is included in the value of another procedure performed on this date."

On the disputed date of service, the requestor billed CPT codes 99214-25, J1885, 73030-TC-LT and 96372.

Per CCI edits, CPT code 99214 is a component of code 96372; however, a modifier is allowed to differentiate the service. The requestor appended modifier "25" to code 99214 to differentiate service. The respondent paid for code 99214-25 and is not in dispute.

Per CCI edits, CPT code 96372 is not a component of code 99214; therefore, the respondent's denial of payment is not supported.

6. 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).

The 2019 DWC Conversion Factor is 59.19

The 2019 Medicare Conversion Factor is 36.0391

Per the CMs 1500, the services were rendered in Lubbock, TX; therefore, the Medicare locality is "Rest of Texas".

The Medicare participating amount for code 96372 at locality "Rest of Texas" is \$16.22.

Using the above formula, the DWC finds the MAR is \$26.64. The respondent paid \$0.00. the requestor is due the difference between MAR and amount paid of \$26.64.

Conclusion

For the reasons stated above, the DWC finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$26.64.

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 \$26.64 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 | <u>1/09/2020</u> 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 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 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.