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
TMH PHYSICIAN ASSOCIATES, PLLC

Respondent Name
TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number
M4-20-1051-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
DECEMBER 27, 2019

REQUESTOR'S POSITION SUMMARY

"Please be advised our office originally billed code 99214 and it denied 07/15/2019 due to the information submitted did not support the level of care. Our office submitted a corrected bill with code 99213 and it denied due to past timely filing on 10/10/2019. I am asking the medical records can please be reviewed due to the records support the 99214. I strongly disagree with the original denial on the 99214, however, Texas Mutual persists the level of care is not supported by the notes provided and we did submit a corrected claim with code 99213 and it was denied for past timely filing."

Amount in Dispute: $314.00

RESPONDENT'S POSITION SUMMARY

"In order to resolve this fee reimbursement dispute Texas Mutual Insurance Company has elected to pay the disputed services."

Response Submitted By: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 8, 2019	CPT Code 99214 Office Visit	$314.00	$58.22

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 (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
   - 877-Bill previously processed. Refer to rule 133.250 regarding request for reconsideration.

Issues

Is the requestor due reimbursement for CPT code 99214 rendered on May 8, 2019?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of $314.00 for CPT codes 99214 rendered on May 8, 2019.
2. 28 TAC§133.307(c)(2)(J) and (K) requires,

   (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.

   A review of the submitted request for medical fee dispute resolution finds the requestor did not submit and copies of medical bills listing CPT code 99214. The request included a medical bill for CPT code 99213. In addition, the requestor did not submit a copy of the original EOB for CPT code 99214. The DWC finds the requestor did not submit this request in the form and manner required by 28 TAC§133.307(c)(2)(J) and (K); therefore, this Findings and Decision is based upon the information submitted by both parties.
3. The requestor wrote, "Please be advised our office originally billed code 99214 and it denied 07/15/2019 due to the information submitted did not support the level of care. Our office submitted a corrected bill with code 99213 and it denied due to past timely filing on 10/10/2019. I am asking the medical records can please be reviewed due to the records support the 99214. I strongly disagree with the original denial on the 99214, however, Texas Mutual persists the level of care is not supported by the notes provided and we did submit a corrected claim with code 99213 and it was denied for past timely filing."
4. The respondent wrote, "In order to resolve this fee reimbursement dispute Texas Mutual Insurance Company has elected to pay the disputed services." On January 28, 2020, the respondent paid the requestor $125.33 for CPT code 99213. The DWC finds the disputed service is CPT code 99214 not 99213; therefore, the DWC will review CPT code 99214 per the medical fee guidelines.
5. The fee guidelines for disputed services are found in 28 TAC §134.203.

   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."

6. 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."

   CMS's Medical Learning Network, Evaluation and Management Services Guide, indicates, "Documentation of an Encounter Dominated by Counseling and/or Coordination of Care When counseling and/or coordination of care dominates (more than 50 percent of) the physician/patient and/ or family encounter (face-to-face time in the office or other outpatient setting, floor/unit time in the hospital, or NF), time is considered the key or controlling factor to qualify for a particular level of E/M services. If the level of service is reported based on counseling and/or coordination of care, you should document the total length of time of the encounter and the record should describe the counseling and/or activities to coordinate care."

   The requestor wrote in the medical record, "I spent 40 minutes with the patient with over 50% of time spent on counseling/coordinating care". A review of the submitted medical report supports billing code 99214; therefore, reimbursement is recommended.

7. Per 28 TAC §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 for this service is 59.19.

   The Medicare Conversion Factor is 36.0391

   Review of Box 32 on the CMS-1500 the services were rendered in Houston, Texas; therefore, the locality will be based on the rate for "Houston, Texas".

   The Medicare Participating amount for CPT code 99214 at this locality is $111.76.

   Using the above formula, the MAR is $183.55. The respondent paid $125.33 for evaluation and management services rendered on this date. As a result, the requestor is due $58.22.

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 $58.22.

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 DWC has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The DWC hereby ORDERS the respondent to remit to the requestor the amount of $58.22 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		07/21/2020
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 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.