



# 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**

TEXAS ANESTHESIA PARTNERS, PLLC

**Respondent Name**

HARTFORD INSURANCE COMPANY OF MIDWEST

**MFDR Tracking Number**

M4-20-1770-01

**Carrier's Austin Representative**

Box Number 47

**MFDR Date Received**

MARCH 16, 2020

#### REQUESTOR'S POSITION SUMMARY

"The carrier denied payment of Code 99202 on our original claim stating, 'the benefit for this service is included in the payment/allowance for another service/procedure that has been adjudicated.' The denial also states per NCCI edits billing this procedure in addition to the anesthesia code is disallowed. Per the information we obtained pertaining to the NCCI edits – SEE ATTACHMENT A – this edit can be overridden when billed with Modifier 25 – to indicate a separate, billable procedure."

**Amount in Dispute:** \$83.29

#### RESPONDENT'S POSITION SUMMARY

"CPT 99202 25 was denied per NCCI edits."

**Response Submitted By:** The Hartford

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 15, 2019	CPT Code 99202-25 Office Visit	\$83.29	\$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 (TAC) §133.307, effective May 31, 2012, 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 services in dispute were reduced / denied by the respondent with the following claim adjustment reason codes:
  - P12-Workers' compensation jurisdictional fee schedule adjustment.
  - 906-In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive medicine, evaluation and management services procedure (9000-99999) has been disallowed.
  - 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
  - W3-Additional payment made on appeal/reconsideration.

### **Issues**

Is the requestor entitled to reimbursement for CPT code 99202-25?

### **Findings**

The requestor is seeking payment of \$83.29 for an office visit (CPT 99202-25) rendered on November 15, 2019.

The respondent denied reimbursement for the disputed services based upon reason code "906-In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive medicine, evaluation and management services procedure (9000-99999) has been disallowed."

The requestor contends reimbursement is due because "this edit can be overridden when billed with Modifier 25 – to indicate a separate, billable procedure."

The fee guideline for the disputed service is found at 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."

CPT code 99202 is described as, "Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. 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 low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family."

The respondent appended modifier 25 to code 99202. Modifier 25 is described as "Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service."

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, code 99202 is a component of code 01480, and a modifier is not allowed to differentiate service; therefore, the respondent's denial of payment is supported.

**Conclusion**

For the reasons stated above, the DWC 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 DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	04/08/2020 Date
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**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.**