



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

VED V AGGARWAL MD PA

Respondent Name

HARTFORD UNDERWRITERS INSURANCE COMPANY

MFDR Tracking Number

M4-21-0818-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

January 20, 2021

Response Submitted By

The Hartford

REQUESTOR'S POSITION SUMMARY

"The patient's original appointment was on 07/14 and got cancelled and the appt. was rendered on 07 /16 and therefore the Auth was approved for 07/14 and yet the patient came in on 07/16. All information to support this attached for this appeal review."

RESPONDENT'S POSITION SUMMARY

"The diagnoses and service billed are unrelated to the compensable injury."

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
July 16, 2020	99214	\$197.64	\$182.42

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code (TLC) §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

- 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
- 28 TAC §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
- 28 TAC §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 insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 197 – Precertification/authorization/notification absent
 - W3 – In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal no allowance change.
 - APPR – Reimbursement is being withheld as the treating doctor and/or services rendered were not approved based upon handler review. If you require additional information regarding this bill decision, contact the claim handler.

Issue(s)

1. What is the definition of CPT Code 99214?
2. Did the disputed service require preauthorization?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Code 99214 rendered on July 16, 2020. 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 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."

A review of the submitted medical report supports billing code 99214.

2. The insurance carrier denied the disputed service with denial reason codes "197 – Precertification/authorization/notification absent." The DWC will now determine whether the disputed service CPT Code 99214 rendered on July 16, 2020 required preauthorization pursuant to 28 TAC §134.600.

28 TAC §134.600(p)(1-12) states in pertinent part "(p) Non-emergency health care requiring preauthorization..."

The DWC finds that office visits do not require prior authorization and therefore, the insurance carrier's denial reason is not supported. The requestor is therefore, entitled to reimbursement for CPT Code 99214.

3. The service in dispute is subject to 28 TAC §134.203.

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 2020 DWC Conversion Factor is 60.32
- The 2020 Medicare Conversion Factor is 36.0896
- Per the EOBs, the services were rendered in Fort Worth, TX; therefore, the Medicare locality is "Fort Worth."
- The Medicare Participating amount for CPT code 99214 at this locality is \$109.14.
- Using the above formula, the DWC finds the MAR is \$182.42. The respondent paid \$0.00. As a result, reimbursement of \$182.42 is recommended.

Review of the submitted documentation finds that the requestor is entitled to reimbursement in the amount of \$182.42. Therefore, this amount is recommended.

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 \$182.42.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of TLC 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 \$182.42 plus applicable accrued interest per 28 TAC §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		February 9, 2021
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 TAC §133.307, 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 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 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).