



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

ELITE HEALTHCARE FT. WORTH

Respondent Name

SOMPO AMERICA INSURANCE COMPANY

MFDR Tracking Number

M4-21-0832-01

Carrier's Representative

Box Number 19

MDR Received Date

January 25, 2021

Response Submitted by:

FO&L

REQUESTOR'S POSITION SUMMARY

"Carrier is being contradicted since some have been paid and others have not. This is an approved case, and all claims are to be paid in full. Also, research Rule 413.019 regarding interest that is to be paid. THESE ARE NOT DUPLICATES. If you have any questions or concerns please, do not hesitate to contact my office."

RESPONDENT'S POSITION SUMMARY

"We are attaching a copy of the carrier's EOBs dated May 5, 2020 and December 15, 2020. The first EOB recommended reimbursement of \$375.94. The second EOB recommended additional reimbursement of \$11.99. The provider is not entitled to additional reimbursement because the benefit for the service in question was included in the payment or allowance for another service or procedure that had already been paid."

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
April 8, 2020	99213	\$125.62	\$125.62

FINDINGS AND DECISION

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

Background

- 28 Texas Administrative Code (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 sets out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 00137 - PAYMENT ADJUSTED BECAUSE THE BNEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHE SERVICE/PROCEDURE
 - P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
 - 3390 - PAYMENT OF \$375.94 WAS PREVIOUSLY ISSUED FOR THIS CLAIM. THE PAYMENT SHOULD HAVE BEEN \$387.93.
 - 97 - PAYMENT ADJUSTED BECAUSE THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.

Issues

1. What are the insurance carrier's denial reason(s)?
2. Did the requestor bill in accordance with 28 TAC 134.203 (b)?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor billed HCPCS / CPT Code(s) 99213 rendered on April 8, 2020. The insurance carrier denied the disputed service with denial reduction codes, 00137, P12, 3390 and 97 (descriptions provided above.)

The insurance carrier in the position summary states in pertinent part, "The provider is not entitled to additional reimbursement because the benefit for the service in question was included in the payment or allowance for another service or procedure that had already been paid."

The requestor in the position summary states in pertinent part, "Carrier is being contradicted since some have been paid and others have not."

2. In order to determine whether the insurance carrier's denial reason is supported, the DWC completed CCI edits to identify whether the service in dispute is bundled into another service rendered on the same day.

Per 28 TAC §134.203 (b) states in pertinent part, "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."

The DWC finds that the requestor billed CPT Codes 97110-GP, 97112-GP, 99213 and 99080-73.

- Per Compliance Editor, this charge line did not trigger edits and is considered clean. This charge line is subject to payer review.

The DWC finds that no CCI edits were identified, as a result, the insurance carrier's denial reason is not supported and therefore, the requestor is entitled to reimbursement for the disputed service.

3. 28 TAC §134.203 (c) states in pertinent part, "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..."

CPT Code 99213 rendered on April 8, 2020.

- Review of Box 32 on the CMS-1500 the services were rendered in zip code 76111, which is located in Fort Worth Texas; therefore, the Medicare participating amount is based on locality "Fort Worth Texas."
- The 2020 DWC conversion factor for this service is 60.32.
- The 2020 Medicare Conversion Factor is 36.0896
- The Medicare participating amount for 99213 at this locality is \$75.16. Using the above formula, the division finds the MAR is \$125.62.

The respondent paid \$0.00. The requestor is due the difference between MAR and amount paid of \$125.62. Therefore, this amount is recommended.

4. Review of the submitted documentation finds that the requestor is due \$125.62.

Conclusion

For the reasons stated above, the DWC finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$125.62.

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 \$125.62 plus applicable accrued interest per 28 TAC §134.130, due within 30 days of receipt of this Order.

.Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 4, 2021
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.