



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

FUNCTIONAL RECOVERY ASSOCIATION

Respondent Name

ACE AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-21-1499-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

April 23, 2021

Response Submitted by:

No response submitted

REQUESTOR'S POSITION SUMMARY

"A Health Care Provider has met the burden of proof that the Carrier has received the claim with a certified green mail card, electronic submission, and/or a facsimile transmission report to the Carrier. Enclosed is a facsimile transmittal that shows the Carrier received this bill in a timely manner. Please re-submit this claim for payment, this claim was not filed after the 95th day."

RESPONDENT'S POSITION SUMMARY,

The Austin carrier representative for ACE American Insurance Company is Downs & Stanford, P.C. Downs & Stanford, P.C. was notified of this medical fee dispute on April 28, 2021. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
December 1, 2020	99213	\$138.00	\$127.95

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

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. TLC §408.027, sets out the rules for timely submission of a claim by a health care provider.
3. TLC §408.0272, provides for exceptions for timely submission of a claim by a health care provider
4. 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
5. Neither party submitted copies of EOBS with the DWC060 request for consideration

Issue(s)

1. Did the requestor support their position that the service in dispute was submitted timely?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Code 99213 rendered on December 1, 2020.

Per Texas Labor Code §408.027(a), "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

The requestor submitted sufficient documentation to support that the medical bills were submitted to the insurance carrier for review within the 95-day timeframe. The requestor also included sufficient documentation to support that a request for an audit EOBs was made from the insurance carrier and no EOBs were obtained. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

2. 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."

CPT code 99213 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: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and 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, 15 minutes are spent face-to-face with the patient and/or family."

A review of the submitted report supports billing CPT code 99213; therefore, reimbursement is recommended

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

To determine the MAR the following formula is used: $(\text{DWC Conversion Factor}/\text{Medicare Conversion Factor}) \times \text{Participating Amount} = \text{Maximum Allowable Reimbursement (MAR)}$.

- Review of Box 32 on the CMS-1500 the services were rendered in zip code 75235, which is located in Dallas, Texas; therefore, the Medicare participating amount is based on locality "Dallas."
- 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 location is \$76.55.

Using the above formula, the division finds the MAR is \$127.95. The respondent paid \$0.00. The requestor is due the difference between MAR and amount paid of \$127.95.

Review of the submitted documentation finds that the requestor is entitled to reimbursement in the amount of \$127.95.

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 \$127.95.

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 \$127.95 plus applicable accrued interest per 28 TAC §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		June 28, 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).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.