



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

UMC PHYSICIAN NETWORK

Respondent Name

TEXAS COTTON GINNERS TRUST

MFDR Tracking Number

M4-21-1599-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

MAY 10, 2021

REQUESTOR'S POSITION SUMMARY

"No peer review was sent with the EOB when it was used to deny payment of the bill. Upon request, a copy of the peer review was faxed to us. The date of the peer review is May 12, 2020. The peer review was done prior to the date of service June 10, 2020. Per the Division, a peer review cannot be used to deny future medical treatment."

Supplemental Position Summary: "Our reconsideration was denied."

Amount in Dispute: \$125.00

RESPONDENT'S POSITION SUMMARY

The respondent did not submit a response to this request for medical fee dispute resolution.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 10, 2020	CPT Code 99213 Office Visit	\$125.00	\$122.40

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

- 28 Texas Administrative Code (TAC) §133.307, effective February 22, 2021, sets out the procedures for resolving medical fee disputes.
- 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:
 - 216-Based on the findings of a review organization.
 - Unnecessary treatment per peer review.
 - W11-Entitlement to benefits.

Issues

Is the requestor due reimbursement for CPT code 99213 rendered on June 10, 2020?

Findings

1. The Austin carrier representative for Texas Cotton Ginners Trust is Burns Anderson Jury & Brenner. Burns Anderson Jury & Brenner received a copy of this medical fee dispute on May 18, 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).

2. The requestor is seeking medical fee dispute resolution in the amount of \$125.00 for CPT code 99213 rendered on June 10, 2020.
3. Based upon the submitted explanation of benefits, the respondent denied reimbursement for CPT code 99213 based upon "W11-Entitlement to benefits."

28 TAC §133.307(d)(2)(H) requires the respondent to submit documentation "If the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier must attach any related Plain Language Notice in accordance with §124.2 of this title (concerning Insurance Carrier Reporting and Notification Requirements)."

The respondent did not submit any Plain Language Notice in accordance with §124.2 in accordance with 28 TAC §133.307(d)(2)(H) to support denial based upon "W11". The DWC finds the respondent did not support the "W11" denial.

4. Based upon the submitted explanation of benefits, the respondent also denied reimbursement for CPT code 99213 based upon "216-Based on the findings of a review organization," and "Unnecessary treatment per peer review."

28 TAC §133.307(d)(2)(I) requires the respondent to submit documentation "If the medical fee dispute involves medical necessity issues, the insurance carrier must attach documentation that supports an adverse determination in accordance with §19.2005 of this title (concerning General Standards of Utilization Review)."

The respondent did not submit any documentation that supports an adverse determination in accordance with §19.2005 of this title (concerning General Standards of Utilization Review) to support denial based upon "216". The DWC finds the respondent did not support the "216" denial.

5. The fee guidelines for disputed services are found in 28 TAC §134.203.
6. 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 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 providers 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. Physicians typically spend 15 minutes face-to-face with the patient and/or family.”

The division finds the submitted report supports billing code 99213; therefore, reimbursement is recommended per the fee guideline.

7. 28 TAC §134.203(c)(1) states “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.”

28 TAC §134.203(c)(2) states “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 Division had been using this MEI annual percentage adjustment: The 2006 Division 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) Division 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 DWC conversion factor for 2020 is 60.32.
- The Medicare conversion factor for 2020 is 36.0896.
- Review of Box 32 on the CMS-1500 finds that the services were rendered in zip code 79404 which is located in Lubbock, Texas; therefore, the Medicare locality is “Rest of Texas.”
- The carrier code for Texas is 4412 and the locality code for Rest of Texas is 99.
- The Medicare participating amount for CPT code 99213 at this locality is \$73.23.

Using the above formula, the MAR is \$122.40. The respondent paid \$0.00. The difference between MAR and amount paid is \$122.40; this amount is recommended for reimbursement.

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 \$122.40.

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 \$122.40 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

06/16/2021
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 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.