



# 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 GARLAND

**Respondent Name**

FALLS LAKE NATIONAL INSURANCE CO

**MFDR Tracking Number**

M4-21-1668-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

MAY 20, 2021

#### REQUESTOR'S POSITION SUMMARY

"The patient is entitled to reasonable medical care."

Supplemental Position dated July 29, 2021: "We do not have record of having received payment. I had been holding off hoping the check would come across my desk, but as of today, July 29<sup>th</sup>, 2021 it has not."

**Amount in Dispute:** \$163.14

#### RESPONDENT'S POSITION SUMMARY

Dated June 8, 2021: "...the carrier is reprocessing the providers bill and will be issuing payment in full."

Response Submitted by: Flahive, Ogden & Latson

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 18, 2021	CPT Code 99213* Office Visit	\$163.14	\$163.14

\*Typographical error on DWC-60 lists CPT code 99231, CMS-1500s and EOB indicate service is CPT code 99213.

#### 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 February 22, 2021, 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 insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 5264-Payment is denied-service not authorized.
  - 5477-Charges denied as claim is under investigation.
  - 247-A payment or denial has already been recommended for this service.
  - 18-Exact duplicate claim/service.N600-Adjusted based on the applicable fee schedule for the region in which the service was rendered.
  - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - W3-Additional payment made on appeal/reconsideration.
  - 1014-The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.

## **Issues**

Is the requestor due reimbursement for CPT code 99213 rendered on March 18, 2021?

## **Findings**

1. The requestor is seeking medical fee dispute resolution in the amount of \$163.14 for CPT code 99213 rendered on March 18, 2021.
2. On June 8, 2021, the respondent wrote that payment would be issued in full. The respondent did not submit a copy of a cashed check to support position. The requestor noted that as of July 29, 2021 payment had not been received.
3. The fee guidelines for disputed services are found in 28 TAC §134.203.
4. 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 a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter."

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

5. 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 2021 is 61.17.
- The Medicare conversion factor for 2021 is 34.8931.
- Review of Box 32 on the CMS-1500 finds that the services were rendered in zip code 750453 which is located in Garland, Texas; therefore, the Medicare locality is “Dallas, Texas.”
- The carrier code for Texas is 4412 and the locality code for Dallas is 11.
- The Medicare participating amount for CPT code 99213 at this locality is \$93.06.

Using the above formula, the MAR is \$163.14. The respondent paid \$0.00. The difference between MAR and amount paid is \$163.14.

### **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 \$163.14.

### **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 \$163.14 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

\_\_\_\_\_  
Date

08/04/2021

### ***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.**