

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Dr. Michael Lopez

Respondent Name

American Zurich Insurance Co.

MFDR Tracking Number

M4-21-2381-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 20, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 7, 2020	CPT Code 99213	\$125.62	\$125.62
	Total	\$125.62	\$125.62

Requestor's Position

"These bills were previously submitted in a timely manner. Please review the attached documentation any pay according to the TDI guidelines."

Amount in Dispute: \$125.62

Respondent's Position

"The provider's documents did not support that level of service."

Response Submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code §133.307 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.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 4-The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 5374-(illegible) service documented does not meet CPT requirement for modifier-25. Service should not be billed separately.
- 00072-Code description not listed.
- 97-Code description not listed.
- 5283-Code description not listed.
- 193, 00563-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is American Zurich Insurance Company's denial based on the documentation does not support the level of service billed supported?
2. Is Dr. Mario Lopez entitled to reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$125.62 for CPT code 99213 rendered on December 7, 2020.

The respondent denied reimbursement for CPT code 99213 based upon reason codes "4," and "5374." (description listed above)

The fee guidelines for disputed services are found in 28 TAC §134.203.

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, "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 on the disputed date of service the requestor billed for work hardening program, work status report and office visit. The respondent did not submit documentation to support a modifier is required when billing for an office visit in conjunction with these services. The submitted report supports billing code 99213; therefore, reimbursement is recommended per the fee guideline.

2. 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 76111 which is located Fort Worth, Texas; therefore, the Medicare locality is “Fort Worth, Texas.”
- The Medicare participating amount for CPT code 99213 at this locality is \$75.16

Using the above formula, the MAR is \$125.62. The respondent paid \$0.00. The difference between MAR and amount paid is \$125.62.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of \$125.62 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that American Zurich Insurance Company must remit to Dr. Mario Lopez \$125.62 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	09/21/2021
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 under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.