



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Center for Pain Relief

Respondent Name

Duncanville ISD

MFDR Tracking Number

M4-22-0578-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 22, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 21, 2021	CPT Code 99213	\$120.68	\$120.68
Total		\$120.68	\$120.68

Requestor's Position

"This code is not inclusive – we sent a reconsideration request, along with the NCCI edits for all codes billed on this date of service. The NCCI edits show all codes billed are allowed. The carrier continues to deny payment for Code 99213."

Amount in Dispute: \$120.68

Respondent's Position

"In order for an office visit to be separately reimbursed when performed/billed at the same time as a surgical procedure, the office visit must be billed with the appropriate modifier. Also, documentation to show the office visit was a separate procedure and not related to the surgical procedure must be included."

Response Submitted by: ReviewMed

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 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:

- 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated .
- 48-The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3-Reconsideration.
- 6000-Request for reconsideration.

Issues

1. Is Duncan ISD's denial based on unbundling supported?
2. Is the Center for Pain Relief entitled to reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$120.68 for CPT code 99213 rendered on July 21, 2021.

The respondent denied reimbursement for CPT code 99213 based upon "97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated," and "48-The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery."

On the disputed date of service, the requestor billed CPT codes 99213, 62369 and J7999-KD. 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 "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."

CPT code 62369 is described as "Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill."

CPT code J7799 is described as "NOC drugs, other than inhalation drugs, administered through DME."

The DWC finds per CCI edits, CPT code 99213 is not bundled to the other codes; therefore, the respondent's denial based upon unbundling is not supported.

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 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 75006 which is located in Carrollton, 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 or less. The requestor is seeking a MAR of \$120.68. The respondent paid \$0.00. The difference between MAR and amount paid is \$120.68.

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 \$120.68 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Duncanville ISD must remit to Center for Pain Relief \$120.68 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

12/29/2021

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.