



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

NADEEM MEHREEN, DC

Respondent Name

ZURICH AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-22-0887-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 13, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 7, 2021	99213	\$163.14	\$163.14
Total		\$163.14	\$163.14

Requestor's Position

"...date of service was denied full payment AGAIN due to 'only one visit or consultation per day is covered' This is INCORRECT. The patients' treating doctor is Dr. Mehreen Nadeem and she is allowed payment for the services rendered to her patient. This does not preclude that patient might see another doctor and does not disallow her seeing her approved doctor. See attached 53 from DWC."

Amount in Dispute: \$163.14

Respondent's Position

The Austin carrier representative for Zurich American Insurance Company is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on January 19, 2022. 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).

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 (TAC) §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 reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 90583 & 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW. IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- B14 & 90203– PAYMENT DENIED BECAUSE ONLY ONE VISIT OR CONSULTATION PER PHYSICIAN PER DAY IS COVERED.
- 53 – TWO EVALUATION VISITS HAVE BEEN INAPPROPRIATELY BILLED ON THE SAME DATE OF SERVICE.
- 5283 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines usual and customary policies providers contract or...

Issues

1. Is the insurance carrier's denial reasons supported?
2. Is the Requestor entitled to reimbursement for CPT Code 99213?

Findings

1. The requestor seeks reimbursement for CPT Code 99213 rendered on July 7, 2021. The insurance carrier denied/reduced the service in dispute with reduction codes B14, 90203 and 52 (description provided above.)

The DWC finds that the insurance carrier did not respond to the DWC060 request. Review of the documentation available at the time of the review, finds insufficient documentation to support the insurance carrier's denial reasons indicated above. As a result, the disputed service is subject to review pursuant to 28 TAC §134.203,

2. The fee guidelines for the service in dispute is found at 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."

The division finds the submitted documentation supports the billing of CPT Code 99213; as a result, reimbursement is recommended.

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 75043 which is located in Garland, Texas; therefore, the Medicare locality is "Dallas, Texas."
- 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. This amount is recommended.

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.

The DWC finds the requester has established that reimbursement in the amount of \$163.14 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requester \$163.14 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

April 14, 2022
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.