



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

FERRAL ENDSLEY, DO

Respondent Name

HARTFORD CASUALTY INSURANCE COMPANY

MFDR Tracking Number

M4-22-1143-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

February 11, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 15, 2021	99203, 95885 and 95908	\$546.41	\$191.44
Total		\$546.41	\$191.44

Requestor's Position

"...we should be reimbursed by Hartford due to the fact that this was ordered by the designated doctor. We were told to perform the test and despite the diagnoses (whether compensable or not), we still have to document that in the medical report, whether the carrier agrees or not."

Amount in Dispute: \$546.41

Respondent's Position

"The original bill was denied as unrelated per adjuster's instructions. The bill was reprocessed and paid per fee per the adjuster's reversal. Partial denial for cpt code 99203 per below Documentation does not support separately identifiable e/m service above and/or beyond the usual pre- and/or post-treatment evaluation. Billed code 99203 Office or other outpatient visit for the evaluation and management of a new patient. Documentation does not support separately identifiable e/m service above and/or beyond the usual pre- and/or post-treatment evaluation."

Response Submitted by: The Hartford

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guideline for professional medical services.

Denial Reasons

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

- 55 – THE E/M SERVICE IS WARRANTED/REIMBURSABLE ONLY WHEN SIGNIFICANT, IDENTIFIABLE AND ADDITIONAL SERVICES ARE PERFORMED IN CONJUNCTION WITH THE SERVICE. THEREFORE, NO REIMBURSEMENT WAS MADE FOR THE E/M SERVICE AS IT IS INCLUDED IN THE SERVICE PERFORMED.
- 97 – BENEFIT IS ADJUSTED BECAUSE THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- P12 – WORKERS COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 1001 – BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.

Issues

1. Did the Insurance Carrier issue payment after the submission of the DWC060 for CPT Codes 95885 and 95908?
2. Is the insurance carrier's denial reason for CPT Code 99203 supported?
3. What is the MAR for CPT Codes 99203, 95885 and 95908?
4. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes 99203, 95885 and 95908 rendered on November 15, 2021. Review of the insurance carrier's response to the DWC060 contained an EOB to support that a payment in the amount of \$321.78 was issued for CPT Codes 95885 and 95908 and denied reimbursement for CPT Code 99203 with denial reason codes 55 and 97, descriptions provided above.
2. The requestor seeks reimbursement for CPT Code 99203-25. CPT Code 99203 is defined as "Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, **30-44** minutes of total time is spent on the date of the encounter."

28 TAC §134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Review of the requestors medical bill documents that the requestor billed CPT Codes 99203-25, 95885 and 95908. The DWC completed NCCI edits to identify potential edit conflicts that would affect reimbursement. The following was found:

"Per Compliance Editor, this charge line did not trigger edits and is considered clean. This charge line is subject to payer review."

The DWC finds that the insurance carrier's denial reason is not supported, and the requestor is therefore entitled to reimbursement for CPT Code 99203.

3. 28 TAC §134.203 states in pertinent part, "(c) 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... (2) 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..."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The 2021 DWC Conversion Factor is 61.17
- The 2021 Medicare Conversion Factor is 34.8931
- Per the medical bills, the services were rendered in Abilene, TX; therefore, the Medicare locality is "Rest of Texas."
- The Medicare Participating amount for CPT code(s) 99203 at this locality is \$109.20.
- Using the above formula, the DWC finds the MAR is \$191.44.
- The respondent paid \$0.00.
- The requestor is due \$191.44.
- The Medicare Participating amount for CPT code(s) 95885 at this locality is \$65.40.
- Using the above formula, the DWC finds the MAR is \$114.65.
- The respondent paid \$114.65.
- The requestor is due \$0.00.
- The Medicare Participating amount for CPT code(s) 95908 at this locality is \$118.15.
- Using the above formula, the DWC finds the MAR is \$207.13.
- The respondent paid \$207.13.
- The requestor is due \$0.00.
- Reimbursement of \$191.44 is recommended for CPT Code 99203.

4. The DWC finds that the requestor is therefore entitled to reimbursement in the amount of \$191.44 for CPT Code 99203.

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 requestor has established that reimbursement of \$191.44 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 the Respondent must remit to the Requestor \$191.44 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	<u>March 3, 2022</u>
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.