



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Ashley Ferguson, FNPC

**Respondent Name**

Sentinel Insurance Co. LTD

**MFDR Tracking Number**

M4-22-1201-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

February 18, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 3, 2021	CPT Code 99203	\$47.60	\$17.15
	<b>Total</b>	\$47.60	\$17.15

### Requestor's Position

"CPT code 99203 was only reimbursed \$136.00. This amount was less than the agreed upon amount for Texas Workers' Comp."

**Amount in Dispute:** \$47.60

### Respondent's Position

"The bill in question was processed correctly on 8/17/21...paying \$151.00. It was paid as services performed by a licensed non-physician practitioner and per fee schedule."

**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 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 [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 252-The recommended allowance is based on the value for services performed by a licensed non-physician practitioner.
- 309-The charge for this procedure exceeds the fee schedule allowance.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1115-We find the original review to be accurate and are unable to recommend any additional allowance.

### Issues

1. Is Ashley Ferguson, FNPC entitled to additional reimbursement?

### Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$47.60 for CPT code 99203 rendered on August 3, 2021.

The respondent contends additional reimbursement of \$47.60 is not due because payment issued of \$136.00 was made per the fee guideline.

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 99203 is described 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 the total time is spent on the date of the encounter.”

Medicare Claims Processing Manual, Chapter 12, Section 120 - Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS) Services Payment Methodology (Rev. 2656, Issuance: 02-07-13, Effective: 02-19-13, Implementation: 02-19-13), A. General Payment states, “In general, NPs and CNSs are paid for covered services at 80 percent of the lesser of the actual charge or 85 percent of what a physician is paid under the Medicare Physician Fee Schedule.”

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 78666 which is located in San Marcos, Texas; therefore, the Medicare locality is “Rest of Texas.”
- The carrier code for Texas is 4412 and the locality code for Rest of Texas is 99.
- The Medicare participating amount for CPT code 99203 at this locality is \$109.20. As stated above, the requestor is due 80% of MAR for FNPC license.

Using the above formula, the MAR is  $\$191.44 \times 80\% = \$153.15$ . The respondent paid \$136.00. The difference between MAR and amount paid is \$17.15.

### 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 additional reimbursement of \$17.15 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 Sentinel Insurance Co. LTD must remit to Ashley Ferguson, FNPC \$17.15 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

03/22/2022

\_\_\_\_\_  
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).