



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Dr. Ian Reynolds

Respondent Name

Bridgefield Casualty Insurance Co.

MFDR Tracking Number

M4-22-1426-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

March 14, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 22, 2021	CPT Code 99215-57	\$324.00	\$324.00
Total		\$324.00	\$324.00

Requestor's Position

"The above patient was seen on 12-22-2021 for an appointment with Ian J. Reynolds, M.D. The office visit was billed with CPT code 99215 with a modifier 57 which is a decision for surgery. Data was reviewed that being the MRI done on 06-29-2021. These results were again discussed with the patient with interpretation so that the patient would understand the procedure that was approved and scheduled for 12/28/2021. This was an elective major surgery decision. Total time of the encounter would have been about 40 minutes."

Amount in Dispute: \$324.00

Respondent's Position

"Requestor is not owed any additional reimbursement for improper use of modifier 25 and the billing of such a high office visit CPT code."

Response Submitted by: Downs Stanford, PC

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:

- 16-Claim/service lacks information or has submission/billing error(s).
- 205-This charge was disallowed as additional information/definition is required to clarify/supply rendered.
- 18-Exact duplicate claim/service.
- 224-Duplicate charge.

Issues

1. Is Bridgefield Casualty Insurance Company's denial based on lack of information supported?
2. Is Dr. Ian Reynolds entitled to reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$324.00 for CPT code 99215-57 rendered on December 22, 2021.

The respondent denied reimbursement based upon "16-Claim/service lacks information or has submission/billing error(s)," and "205-This charge was disallowed as additional information/definition is required to clarify/supply rendered."

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 99215 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 high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

The requestor appended modifier "57-An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service."

The division finds the submitted report supports billing code 99215-57; 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 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 77546 which is located in Friendswood, Texas; therefore, the Medicare locality is "Galveston, Texas."
- The carrier code for Texas is 4412 and the locality code for Galveston is 15.
- The Medicare participating amount for CPT code 99215 at this locality is \$185.05.

Using the above formula, the MAR is \$324.41 or less. The requestor is seeking \$324.00. The respondent paid \$0.00. The difference between MAR and amount paid is \$324.00.

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 \$324.00 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 Bridgefield Casualty Insurance Co. must remit to Dr. Ian Reynolds \$324.00 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	04/11/2022 Date
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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.