



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Elite Healthcare

Respondent Name

Zurich American Insurance Co

MFDR Tracking Number

M4-22-1706-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 7, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 13, 2021	99213	\$160.18	\$160.18
Total		\$160.18	\$160.18

Requestor's Position

"On this date of service, patient completed approved therapy and office visit with treating provider, Dr. Lopez. Patient did not visit with another provider at our facility."

Amount in Dispute: \$160.18

Respondent's Position

"The EOBs noted that a modifier was missing for the Provider to be entitled to reimbursement. Moreover, the Provider combined an office visit with physical therapy services. The Provider is not entitled to reimbursement for the CPT code 99213."

Response submitted by: Flahive, Ogden & Latson

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 billing and reimbursement guidelines for professional medical services.

Denial Reasons

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

- 9072 – The procedure code is inconsistent with the modifier used or a required modifier is missing
- 5374 – CV: E&M service documented does not meet CPT requirements for modifier - 25. Service should not be billed separately

Issues

1. Is the insurance carrier's denial supported?
2. Is the respondent's position statement supported?
3. What rule is applicable to reimbursement?

Findings

1. The requestor is seeking reimbursement of Code 99213 – "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, 20-25 minutes of total time is spent on the date of the encounter." The insurance carrier denied the claim based on required modifier is missing.

The medical bill did not contain modifier "25" as indicated by explanation of benefits denial 5374 shown above. The "25" modifier is only appropriate when a "Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service." Review of the submitted medical bill found the other services billed were physical therapy codes and work status reports. As these are not evaluation and management codes, the use of modifier "25" was not indicated. The insurance carrier's denial is not supported.

2. The respondent states in their position, "...the Provider combined an office visit with physical therapy services. The Provider is not entitled to reimbursement for the CPT 99213." DWC Rule TAC §134.203(b) (1) states in pertinent part, for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply Medicare payment policies, including its coding; billing...

Review of the applicable Medicare payment policy found Code 99213 is not global to the other services billed. The respondent's position statement is not supported.

3. The fee guideline for the professional service performed on May 13, 2021 is found in 28 TAC §134.203 (c)(2) which states in pertinent part, to determine the maximum allowable reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications. Evaluation and Management services will apply the current year conversion factor.

The MAR is calculated as DWC Conversion Factor/CMS Conversion Factor multiplied by Physician fee schedule amount or 61.17/34.8931 multiplied by Physician Fee Schedule allowable for Fort Worth \$91.37 = \$160.18. 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.

DWC finds the requester has established that additional reimbursement 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 Zurich American Insurance Co must remit to Elite Healthcare Forth Worth \$160.18 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

May 13, 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.