



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

ARCH INDEMNITY INSURANCE COMPANY

MFDR Tracking Number

M4-22-2229-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 14, 2022

Summary of Findings

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

Requestor's Position

"Carrier is not paying for CPT code 99213, which is an office visit with the treating provider. Patient also completed approved physical therapy on this date of service. Carrier has different reasons for denying office visit on BOTH DENIALS. At this time, our office HAS NOT RECEIVED PAYMENT for this office visit. There is no reason why it's being denied."

Amount in Dispute: \$160.18

Respondent's Position

The Austin carrier representative for Arch Indemnity Insurance Company is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on June 21, 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 28 TAC §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 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:

- 90137 & 97– Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 5322 – CV: The office visit is included in the procedure and is not reimbursable.

Issues

1. Is the Insurance Carrier's denial reason(s) supported?
2. Is the requestor due reimbursement for CPT Code 99213?
3. What is the MAR amount recommended for CPT Code 99213?

Findings

1. The requestor seeks reimbursement for CPT Code 99213, rendered on October 13, 2021. The insurance carrier denied the disputed service with denial reduction codes indicated above. The insurance carrier did not respond to the DWC060 request. As a result, this decision is based on the information available at the time of review.

Review of the CMS-1500 documents place of service code 11, which indicates that the services were rendered in an office setting. The DWC finds that the insurance carrier's denial reason is not supported, and the requestor is therefore entitled to an additional payment for CPT Code 99213.

2. The reimbursement guidelines for CPT Code 99213 are outlined in 28 TAC §134.203.

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."

The insurance carrier denied the disputed service 90137, 97 and 5322.

CPT code 99213 is defined 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 DWC completed NCCI edits to identify potential edit conflicts that may affect reimbursement.

Review of the medical bills indicate that the requestor billed the following CPT codes 97112-GP, 97110-GP and 99080-73 along with CPT Code 99213 rendered on October 13, 2021. The following was identified:

CPT Code 97112-GP- Per Compliance Editor, this charge line did not trigger edits and is considered clean.

CPT Code 97110-GP- Per Compliance Editor, this charge line did not trigger edits and is considered clean.

CPT Code 99080-73- This is a division specific code and therefore is not included in the NCCI edit review.

CPT Code 99213- Per Compliance Editor, this charge line did not trigger edits and is considered clean.

The DWC finds that the insurance carrier's denial reasons are not supported. As a result, the requestor is entitled to reimbursement for CPT Code 99213 rendered on October 13, 2021.

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. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (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 zip code 79112; therefore, the Medicare locality is "Fort Worth."
 - The Medicare Participating amount for CPT 99213 at this locality is \$91.37.
 - Using the above formula, the DWC finds the MAR is \$160.18.
 - The respondent paid \$0.00.
 - Reimbursement of \$160.18 is recommended.
4. The DWC finds that the requestor is entitled to a recommended amount of \$160.18. As a result, 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 of \$160.18 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 \$160.18 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		November 2, 2022
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.