

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

PEAK INTEGRATED HEALTHCARE

**Respondent Name**SOMPO AMERICA FIRE & MARINE  
INSURANCE COMPANY**MFDR Tracking Number**

M4-22-2267-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

June 20, 2022

### Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| March 3, 2022    | 99204             | \$306.32          | \$306.32   |
| Total            |                   | \$306.32          | \$306.32   |

### Requestor's Position

"The date of service was denied full payment due to 'information submitted does not support this level of service.' This is INCORRECT. There was a comprehensive examination that involved extensive orthopedic testing, motor function/muscle testing of CERVICAL LUMBAR AND SHOULDER. There was also a history taken of injuries and symptoms. Finally, there was a plan made for future treatment. Three of the components were met, and because this was an initial appointment, it took more time to define the history, complete an exam on TWO body parts and make plan for care going forward. See definition of CPT CODE 99204 below."

**Amount in Dispute:** \$306.32

### Respondent's Position

"We are attaching a copy of the carrier's initial BOB dated March 29, 2022 that recommended reimbursement of \$15. It rejected any reimbursement under CPI code 99204 on the basis that the information submitted did not support the level of service being billed. This remains the carrier's position. The provider is not entitled to any additional reimbursement."

**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 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:

- 90168 - PAYMENT ADJUSTED BECAUSE THE PYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.
- 90563 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROESSED PROPERLY.
- 90950 - THIS BILL IS A RECONSIDERATIONOF A PREVIOUSLY REVIEWED BILL, ALLOWANCE AMOUNTS REFLECT ANY CHANGES TO THE PREVIOUS PAYMENT
- 5407 - CV: Reconsideration no additional allowance recommended. This bill and submitted documentation have been re-evaluated by Clinical Validation.
- 5721 - To avoid duplicate bill denial for all reconsiderations/ adjustments/ additional payment requests submit a copy of this EOR.
- 6247 - After review of the bill and the medical record this service is best described by 99203. Submitted documentation did not meet at least 2 of the 3 medical decisions.
- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 5283 - Additional allowance is not recommended as this bill was reviewed In accordance with state guidelines, usual and customary policies.
- 150 - PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.

### Issues

1. Is the Insurance Carrier's denial reason supported?
2. Is the Requestor entitled to reimbursement?

### Findings

1. The requestor seeks reimbursement for CPT Codes 99204 rendered on March 3, 2022.

The respondent contends reimbursement is not due because the documentation does not support the level of service billed.

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."

CPT code 99204 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 a moderate level of medical decision making. When using time for code selection, 45-59 minutes of the total time is spent on the date of the encounter."

The division finds the submitted report supports the billing of CPT Code 99204 ; therefore, reimbursement is recommended per the fee guideline.

2. The fee guidelines for disputed services are found in 28 TAC §134.203.

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 75006; therefore, the Medicare locality is "Dallas Texas."
- The Medicare Participating amount for CPT code 99204 at this locality is \$169.72.
- Using the above formula, the DWC finds the MAR is \$306.32.
- The respondent paid \$0.00.
- Reimbursement of \$306.32.

The DWC finds that the requestor is entitled to reimbursement in the amount of \$306.32.

### 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 \$306.32 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 \$306.32 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### Authorized Signature

|           |  |                      |
|-----------|--|----------------------|
| _____     | _____                                  | <u>July 27, 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](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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).