



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

PEAK INTEGRATED HEALTHCARE

Respondent Name

ZURICH AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-22-2458-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 21, 2022

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| March 17, 2022 | 99204 | \$306.32 | \$306.32 |
| Total | | \$306.32 | \$306.32 |

Requestor's Position

The date of service was denied full payment due to 'BASED ON ENTITLEMENT TO BENEFITS'. This is INCORRECT. I have attached a payment on an office visit after this date of service that has been paid. There was a comprehensive examination that involved extensive orthopedic testing, motor function/muscle testing... 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 body parts, and make a plan for care going forward, including the multiple orders and scheduling. See definition of CPT CODE 99204 below."

Amount in Dispute: \$306.32

Respondent's Position

"We have escalated the bills in question for manual review to determine if additional monies are owed."

Response Submitted by: Gallagher Bassett

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:

- 5405-THIS CHARGE WAS REVIEWED THROUGH THE CLINICAL VALIDATION PROGRAM.
- 5405-CV. RECONSIDERATION 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 OR CLEAR NOTATION
- 6246-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
- 90168-PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE
- 90950-THIS BILL IS A RECONSIDERATION OF A PREVIOUSLY REVIEWED BILL, ALLOWANCE AMOUNTS REFLECT ANY CHANGES TO THE PREVIOUS PAYMENT.
- 5352-SERVICES REDUCED/DENIED AS LEVEL OF E&M COSW SUBMITTED IS NOT SUPPORTED BY DOCUMENTATION.
- 90147 & 109--CLAIM NOT COVERED BY THIS PAYER/CONTRACTOR YOU MUST SEND THE CLAIM TO THE CORRECT PAYER/CONTRACTOR.
- P6-BASED ON ENTITLEMENT TO BENEFITS.

Issues

1. What rules apply to the disputed services?
2. Is the requestor entitled to reimbursement for CPT Code 99213?

Findings

1. The requestor seeks reimbursement for CPT Code 99204 rendered on March 17, 2022.

The insurance carrier denied the disputed services with denial reduction codes identified above.

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 requestor billed CPT Code 99204.

- CPT Code 99204 is defined as, "Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family."

2. The DWC finds that 28 TAC §134.203 applies to the reimbursement of CPT Code 99204.

CPT Codes 99204 rendered on March 17, 2022 was denied with denial reduction codes indicated above. Review of the submitted documentation finds that the requestor documented and billed for CPT 99204. As a result, the insurance carrier's denial reasons are not supported. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

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).

Date of service rendered in 2022

- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the service was rendered in zip code 75043; the Medicare locality is "Dallas."
- The Medicare Participating amount for CPT 99204 at this locality is \$169.72.
- Using the above formula, the DWC finds the MAR is \$306.32.
- The respondent paid \$0.00.
- The requestor is due \$306.32.

3. The DWC finds that the requestor is entitled to reimbursement in the amount of \$306.32. 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 \$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>October 25, 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. 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.