



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

CENTER FOR PAIN RELIEF

Respondent Name

DUNCANVILLE INDEPENDENT SCHOOL DISTRICT

MFDR Tracking Number

M4-23-0143-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 19, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 25, 2022	99213	\$120.68	\$120.68
	Total	\$120.68	\$120.68

Requestor's Position

"The carrier denied payment of Code 99213 stating 'the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.' This code is not inclusive - we sent a reconsideration request, along with the NCCI edits for all codes billed on this date of service. The NCCI edits show all codes billed are allowed. The carrier continues to deny payment for Code 99213."

Amount in Dispute: \$120.68

Respondent's Position

"This office visit charge was denied because it was performed on the same day or in the follow up days of a surgical procedure performed by the same provider. An office visit charge is not separately payable on the same day as a surgical procedure unless the billing form and documentation show the office visit was a separate service. In this case the billing form and documentation do not support the office visit charge being separately reimbursed."

Response Submitted by: RM Review Med

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 (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:

- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 48 – The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- W3 – Reconsideration.
- 6000 – Request for reconsideration.

Issues

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

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$120.68 for CPT code 99213 rendered on May 25, 2022. The respondent denied reimbursement for CPT code 99213 based upon "97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated," and "48-The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery."

On the disputed date of service, the requestor billed CPT codes 99213, 62368 and 80305-QW. 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 99213 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 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."

CPT code 62368 is described as "Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming."

CPT code 80305-QW is described as "Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service."

Modifier QW is described as, "CLIA waived test."

Per Compliance Editor, the line charges did not trigger edits and are consider clean.

The DWC finds that CPT code 99213 is not bundled to the other codes; therefore, the respondent's denial based upon unbundling is not supported.

The DWC also finds that CPT code 99213 is not global to CPT Codes 62368 and 80305-QW. Per the Medicare policies CPT Codes 62368 and 80305-QW have a global period of "XXX", which indicates that the global concept does not apply.

As a result, the DWC finds that the insurance carrier's denial reasons are not supported and the requestor is entitled to reimbursement for CPT Code 99213 rendered on May 25, 2022.

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...."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The date of service was rendered in 2022.
- The DWC conversion factor for 2022 is 62.46.
- The Medicare conversion factor for 2022 is 34.6062.
- Review of Box 32 on the CMS-1500 finds that the services were rendered in zip code 75039; therefore, the Medicare locality is "Dallas."
- The Medicare participating amount for CPT code 99213 at this locality is \$92.65. Using the above formula, the MAR is \$167.22. The requestor is seeking a MAR of \$120.68. The respondent paid \$0.00. The difference between MAR and amount paid is \$120.68

The DWC finds that the requestor is therefore entitled to reimbursement in the amount of \$120.68. 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 requestor has established that reimbursement of \$120.68 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 \$120.68 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	November 8, 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.