



Medical Fee Dispute Resolution Findings and Decision General Information

Requester Name

ASHLEY FERGUSON, PNPC

Respondent Name

SENTINEL INSURANCE COMPANY LTD

MFDR Tracking Number

M4-23-0534-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

October 26, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 7, 2021 and December 14, 2021	99213 and 99203	\$57.00	\$49.72
Total		\$57.00	\$49.72

Requester's Position

"According to the EOB, the carrier did not properly reimburse CPT code 99213 on the claim for DOS 12/14/2021... The reimbursement should be \$155.84, Since the provider billed an amount less than the Texas Worker's Comp Fee schedule, the carrier is required to pay the full amount of the billed charges of \$115.00. Therefore, the carrier still owes the provider \$23.00 for CPT code 99213. We have provided documentation to support our request. Please reprocess the claim and reimburse at the correct rate."

Amount in Dispute: \$57.00

Respondent's Position

"Please accept this letter as a response to the above dispute, The bills in question were processed paid per fee schedule and for services performed by a licensed non-physician practitioner on 12/28/21 under control numbers 217493840 and 217498531."

Response Submitted by: The Hartford

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 reimbursement guidelines for professional medical services.
3. Texas Insurance Code (TIC) 1451.104 allows for different reimbursement for medical doctors and physician assistants.

Denial Reasons

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

- 252-THE RECOMMENDED ALLOWANCE IS BASED ON THE VALUE FOR SERVICES PERFORMED BY A LICENSED NON-PHYSICIAN PRACTITIONER.
- 309-THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
- P12-WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 193-ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 1115-WE FIND THE ORIGINAL REVIEW TO BE ACCURATE AND ARE UNABLE TO RECOMMEND ANY ADDITIONAL ALLOWANCE.

Issues

1. What services are in dispute?
2. How are the disputed services reimbursed under the Texas Workers' Compensation system?
3. Is the Requestor entitled to additional reimbursement?

Findings

1. The requestor seeks additional reimbursement for CPT 99213 and 99203 rendered on December 7, 2021 and December 14, 2021. The insurance carrier issued a partial payment and reduced the remaining charges with denial reasons indicated 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."

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 99203 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 low level of medical decision making. When using time for code selection, [30-44](#) minutes of total time is spent on the date of the encounter."

2. The requestor billed \$115.00 for CPT 99213 and \$170.00 for CPT 99203 and the insurance carrier issued a payment in the amount of \$136.00 for CPT 99203 and \$92.00 for CPT 99213, which is 80% of the billed amount. The disputed CPT codes were rendered by a family nurse practitioner (FNP-C). The insurance carrier's reduction of payment is based on Medicare's non-physician reimbursement policies. The DWC will now consider if 80% reimbursement of the billed amount applies to FNP-C's.

28 TAC [§134.203](#) Medical Fee Guideline for Professional Services, states,

(a) (5) "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.

(b) 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."

Chapter 12 of the [Medicare Claims Processing Manual](#) Physician/Nonphysician Practitioners

"120 - Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS) Services Payment Methodology (Rev. 2656, Issuance: 02-07-13, Effective: 02-19-13, Implementation: 02-19-13).

See chapter 15, sections 200 and 210 of the Medicare Benefit Policy Manual, pub. 100- 02, for coverage policy for NP and CNS services.

A. General Payment In general, NPs and CNSs are paid for covered services at 80 percent of the lesser of the actual charge or 85 percent of what a physician is paid under the Medicare Physician Fee Schedule. There is a separate payment policy for paying for NP and CNS assistant-at surgery services. See section 120.1 of this chapter."

Texas Insurance Code [Sec. 1451.104](#) states in part:

(c) Notwithstanding Subsection (a), a health insurance policy may provide for a different amount of payment or reimbursement for scheduled services or procedures performed by an advanced practice nurse, nurse first assistant, licensed surgical assistant, or physician assistant if the methodology used to compute the amount is the same as the methodology used to compute the amount of payment or reimbursement when the services or procedures are provided by a physician.

A physician is paid for CPT codes 99213 and 99203 at the Medicare rate plus a DWC multiplier. Reimbursing an FNP-C at 80 percent of the actual charge is not the same methodology used for physician reimbursement and is contrary to TIC 1451.04(c). The DWC finds that the requestor is therefore entitled to 85% of the Medicare Physician Fee Schedule.

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... when performed in an office setting, the established conversion factor to be applied is \$52.83... (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 78666; therefore, the Medicare locality is "Rest of Texas."

The Medicare Participating amount for CPT code 99203 at this locality is \$109.20.

- 85% of the CMS Fee Schedule = Medicare Participating amount of \$92.82.
- Using the above formula, the DWC finds the MAR is \$162.72.
- The respondent paid \$136.00.
- The MAR is \$162.72 minus the respondent's payment of \$136.00 = \$26.72.

The requestor seeks an additional payment of \$34.00, applicable 28 TAC 134.203(h) states that the total reimbursement is the lesser of the maximum allowable reimbursement (MAR) and the billed amount, as a result the requestor is entitled to \$26.72. The DWC finds that the requestor is therefore entitled to an additional payment amount of \$26.72.

The Medicare Participating amount for CPT code 99213 at this locality is \$89.05.

- 85% of the CMS Fee Schedule = Medicare Participating amount of \$75.70.
- Using the above formula, the DWC finds the MAR is \$132.71.
- The respondent paid \$92.00.
- The MAR \$132.71 – Respondent payment \$92.00 = \$40.71.
- The requestor seeks an additional payment of \$23.00, applicable 28 TAC 134.203(h) states that the total reimbursement is the lesser of the maximum allowable reimbursement (MAR) and the billed amount, as a result the requestor is entitled to \$23.00. The DWC finds that the requestor is therefore entitled to an additional payment amount of \$23.00.

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 additional reimbursement of \$49.72 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that the Respondent must remit to Requester \$49.72 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	March 6, 2023
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 512-804-4812.