



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

RYAN PATTERSON, MD

Respondent Name

AIU INSURANCE COMPANY

MFDR Tracking Number

M4-23-0679-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 17, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 22, 2021	99204	\$510.00	\$161.43
Total		\$510.00	\$161.43

Requestor's Position

"The carrier denied the claim on 12/10/2021 stating the documentation submitted did not support the level of service being billed. A reconsideration request was submitted to Gallagher Bassett on 06/15/2022 for the carrier to reprocess the claim as documentation supports E/M service 99204 being billed... Coding descriptors for 2021-2022 have been revised and a visit is no longer required to have 3 key components and documented reference to face-to face time spent. The E/M service must now include a "medically appropriate history and/or examination" with the selection of the CPT code based on MDM level or the total time spent on that date of service. Based on the updated coding guidelines outlined by the AMA this visit has a medically appropriate history and examination with moderate medical decision making constituting the necessity to bill 99204."

Amount in Dispute: \$510.00

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed. Supplemental response will be provided once the bill auditing company has finalized their review."

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 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:

- 90202 & B13 – Previously paid, payment for this claim/service may have been provided in a previous payment.
- 247 – A payment or denial has already been recommended for this service.
- 90168 & 150 – Payment adjusted because the payer deems this information submitted does not support this level of service.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Does the documentation support billing CPT code 99204?
2. Is the requestor due reimbursement?

Findings

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

The insurance carrier denied reimbursement for the office visit , CPT code 99204, based upon reason code "150 & 90168 - Payment adjusted because the payer deems this information submitted does not support this level of service."

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

A review of the submitted medical report supports the billing of CPT code 99204; therefore, reimbursement is recommended.

2. Per 28 TAC §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. 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 75701; therefore, the Medicare locality is "Rest of Texas."
 - The Medicare Participating amount for CPT code 99204 at this locality is \$163.39.
 - Using the above formula, the DWC finds the MAR is \$286.43.
 - The respondent paid \$125.00.
 - Additional reimbursement of \$161.43 is recommended.
3. The DWC finds that the requestor is therefore entitled to an additional reimbursement for CPT code 99204 in the amount of \$161.43.

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 additional reimbursement of \$161.43 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 \$161.43 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	<u>April 18, 2023</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.