



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated
Healthcare

Respondent Name

LM Insurance Corp.

MFDR Tracking Number

M4-24-0166-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

September 21, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 2, 2023	98940-GP	\$0.00	\$0.00
August 2, 2023	99213	\$174.71	\$0.00
Total		\$174.71	\$0.00

Requestor's Position

"This office visit was denied again. Office visits for a compensable injury should be paid in full!"

Amount in Dispute: \$174.71

Respondent's Position

"...99213 was denied as IN ACCORDANCE WITH CLINICAL BASED CODING EDITS (NATIONAL CORRECT CODING INITIATIVE/OUTPATIENT CODE EDITOR), COMPONENT CODE OF COMPREHENSIVE MEDICINE, EVALUATION AND MANAGEMENT SERVICES PROCEDURE (90000-99999) HAS BEEN DISALLOWED. I have, reviewed Encoder Pro and found that per NCCI, a modifier would be needed to override this denial. Attached is a print out for your review.

Response Submitted by: Liberty Mutual Insurance

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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 fee guidelines for professional medical services.

Denial Reasons

- 906 - IN ACCORDANCE WITH CLINICAL BASED CODING EDITS (NATIONAL CORRECT CODING INITIATIVE/OUTPATIENT CODE EDITOR). COMPONENT CODE OF COMPREHENSIVE MEDICINE, EVALUATION AND MANAGEMENT SERVICES PROCEDURE (90000-99999) HAS BEEN DISALLOWED.
- 97 - PAYMENT ADJUSTED BECAUSE THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

Issues

1. Is the insurance carrier's denial reason(s) supported?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor is seeking reimbursement for the disputed evaluation and management service, CPT code 99213, rendered by a doctor of chiropractic health care on August 2, 2023. On the same date of service, the chiropractic health care provider rendered and billed for CPT code 98940, a chiropractic manipulative treatment.

A review of the explanation of benefits documents submitted finds that the insurance carrier reimbursed the requestor their charges in full for CPT code 98940. The insurance carrier denied payment for CPT code 99213 based on the reason that this service is included in the service of the chiropractic manipulation treatment, CPT code 98940, which has already been paid. The denial reason codes also include a National Correct Coding Initiative (NCCI) edit conflict.

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.”

DWC completed NCCI edits and found the following conflicts:

- Per Medicare NCCI Guidelines, CPT code 99213 has an unbundle relationship with procedure code 98940.
- Per Medicare Guidelines, E/M CPT code 99213 should not be billed without an appropriate modifier, on the same day of a minor procedure...
- Per Medicare guidelines, procedure code 99213 is not covered when billed by a provider with specialty 35, Chiropractor.

A review of the medical bills submitted finds that there is no modifier appended to the billing of CPT code 99213 on the disputed date of service and that the services were performed and billed by a provider with specialty 35, Chiropractor.

DWC finds that because a NCCI bundle conflict does exist in the medical billing of CPT code 99213 with code 98940, the insurance carrier’s denial reason(s) is supported.

2. The requestor is seeking reimbursement in the amount of \$174.71 for disputed CPT code 99213 rendered on August 2, 2023. Because the insurance carrier’s denial reason(s) is supported, DWC finds that the requestor is not entitled to reimbursement.

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.

DWC finds the requestor has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed service.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 19, 2023

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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.