

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated  
Healthcare

**Respondent Name**

Arch Indemnity Insurance Co.

**MFDR Tracking Number**

M4-24-0351-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

October 11, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 14, 2023	99213	\$174.41	\$0.00
August 14, 2023	99080-73	\$0.00	\$0.00
August 14, 2023	98940-GP	\$0.00	\$0.00
<b>Total</b>		<b>\$174.71</b>	<b>\$0.00</b>

### Requestor's Position

"We disagree that this original decision should be maintained. We believe that office visits are allowed payment for compensable injury..."

**Amount in Dispute:** \$174.71

### Respondent's Supplemental Position Statement:

"Our bill audit company has determined no further payment is due. The rationale for this determination is found below... DOS: 08/14/2023 - 08/14/2023... Rationale: The 99213 is denying against the 98940. And the denial is correct as the provider has not appended the correct modifier on the 99213 [modifier -25]..."

**Response Submitted by:** Gallagher Bassett

## 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. [22 TAC §78.1](#) sets out the scope of practice for chiropractors in Texas.
3. [28 TAC §134.203](#) sets fee guidelines for professional medical services.

### Denial Reasons

- 97 - PAYMENT ADJUSTED BECAUSE THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- 47 – OFFICE VISIT/EVALUATION INCLUDED IN THE VALUE OF ANOTHER PROCEDURE.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 5283 – ADDITIONAL ALLOWANCE IS NOT RECOMMENDED AS THIS BILL WAS REVIEWED IN ACCORDANCE WITH STATE GUIDELINES, USUAL AND CUSTOMARY POLICIES, PROVIDER'S CONTRACT

### 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 a disputed evaluation and management service, CPT code 99213, rendered on August 14, 2023 by Shaun Marek, D.C. On the same date of service, the health care provider rendered and billed for CPT code 98940-GP, a chiropractic manipulative treatment.

A review of the explanation of benefits document 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.

DWC completed NCCI edits to determine if the insurance carrier's denial reasons are supported. The following was identified:

- Per Medicare CCI Guidelines, procedure code 99213 has an unbundle relationship with history procedure code 98940 . Review documentation to determine if a modifier is appropriate.
- Per Medicare guidelines, E/M code 99213 should not be billed without an appropriate modifier, on the same day of a minor procedure, or the same day or day before a major procedure.
- Per Medicare guidelines, procedure code 99213 is not covered when billed by a provider with specialty 35, Chiropractor.

28 TAC §134.203 (a) (6) states "Notwithstanding Medicare payment policies, chiropractors may be reimbursed for services provided within the scope of their practice act."

22 TAC §78.1 (c) (1) which sets out the scope of practice for chiropractors in Texas, states in pertinent part, "Examination and Evaluation. (1) In the practice of Chiropractic, licensees of this board provide necessary examination and evaluation services to: (A) Determine the bio-mechanical condition of the spine and musculoskeletal system of the human body including, but not limited to, the following... (B) Determine the existence of subluxation complexes of the spine and musculoskeletal system of the human body and to evaluate their condition... (C) Determine the treatment procedures that are indicated in the therapeutic care of a patient or condition; (D) Determine the treatment procedures that are contra-indicated in the therapeutic care of a patient or condition; and (E) Differentiate a patient or condition for which chiropractic treatment is appropriate from a patient or condition that is in need of care from a medical or other class of provider."

DWC finds that evaluation and management (E/M) codes are allowed separate reimbursement on the same date of service when billed with chiropractic manipulation, if there is a significant and separately identifiable condition reported to justify the E/M service. This separately identifiable service should be indicated as a modifier -25 appended to the E/M service on the medical bill.

Because the disputed E/M service was not appended with an appropriate modifier on the medical bill, DWC concludes that CPT code 99213 is included in the value of the chiropractic manipulation procedure which was billed on the same date. Therefore, DWC finds that the insurance carrier's denial reason is supported.

2. The requestor is seeking reimbursement in the amount of \$174.71 for disputed CPT code 99213 rendered on August 14, 2023. As discussed above, the disputed evaluation and management (E/M) code was billed on the same date of service with a chiropractic manipulation procedure, CPT code 98940.

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."

Per Medicare Guidelines, an E/M code should not be billed on the same date as a minor procedure unless an appropriate modifier is appended to the E/M code. 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. Therefore, reimbursement for CPT code 99213 is not recommended.

DWC finds that the requestor is not entitled to reimbursement for the disputed service, CPT code 99213, rendered on August 14, 2023.

### 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

November 10, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).