



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

NEW BRAUNFELS EMERGENCY PHYSICIANS

Respondent Name

ZURICH AMERICAN INSURANCE CO

MFDR Tracking Number

M4-12-1061-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

DECEMBER 6, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Pt was seen twice on same dos 8/11/2011 first visit CPT 99283 is being denied as duplicate claim, Recon appeal sent 10/17/11 with supporting documentation but claim still denies."

Amount in Dispute: \$96.70

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Requestor asserts that Claimant was evaluated on two separate encounters on that date. Carrier asserts that based upon CMS Rule 30.6.7, the provider is not entitled to reimbursement for multiple visits on the same date unless the visits are completely unrelated or the providers are of different medical specialties."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 11, 2011	CPT Code 99283 Emergency Room Visit	\$96.70	\$96.70

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputes service.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 18-Duplicate claim/service.

Issues

1. Is the disputed service a duplicate service?
2. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203(b)(1) "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: 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 99283 is defined as "Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity."

The requestor contends that reimbursement is due because "Pt was seen twice on same dos 8/11/2011 first visit CPT 99283 is being denied as duplicate claim."

The respondent denied reimbursement for CPT code 99283 based upon "CMS Rule 30.6.7, the provider is not entitled to reimbursement for multiple visits on the same date unless the visits are completely unrelated or the providers are of different medical specialties." In support of their position the respondent submitted a copy of Medicare Claims Processing Manual Chapter 12, 30.6.7 – Payment for Office or Other Outpatient Evaluation and Management (E/M) Visits (Codes 99201-99215).

Review of the submitted documentation finds that the respondent is referencing guidelines that apply to codes 99201-99215, the disputed service is code 99283. In addition, the disputed service is for the initial visit in the emergency room; therefore, it is not a duplicate service. Reimbursement is recommended per Division fee guideline.

2. Per 28 Texas Administrative Code §134.203(c)(1)(2), "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. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

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

The 2011 DWC conversion factor for this service is 54.54.

Review of Box 32 on the CMS-1500 the services were rendered in New Braunfels, Texas; therefore, the Medicare participating amount is based upon the locality of "Rest of Texas".

The Medicare conversion factor is 33.9764.

Using the above formula, the Division finds the following:

Code	Medicare Participating Amount	MAR	Total Paid	Total Due
99283	\$60.24	\$96.70	\$0.00	\$96.70

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$96.70.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$96.70 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

06/30/2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.