



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

CENTER FOR PAIN MANAGEMENT

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-10-5303-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

AUGUST 27, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I really need your help in this matter since Texas Mutual is stating that no additional reimbursement is allowed on appeal since there's a PPO Contract and Aetna is telling me that they need the bill back from the insurance carrier in order to reprice it."

Amount in Dispute: \$978.53

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor reports not being paid according to the terms of its contract with Aetna Focus PPO. Texas Mutual is researching this with Aetna and will keep the Division and requestor updated as to the results."

Response Submitted by: Texas Mutual Insurance Co.

Respondent's Supplemental Position Summary Dated October 5, 2010: "This si to confirm that Tajul Chowdhury is a participating provider in the Aetna Workers' Comp Access (AWCA) network, effective 04/01/2004...the bill was re-priced in accordance with the provider's contracted rate for an additional amount due per the resubmitted and corrected bill on 09/30/2010.."

Response Submitted by: Aetna

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 22, 2010	CPT Code 63663-RT Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	\$494.15	\$181.13
	CPT Code 63663-LT Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	\$82.08	
	CPT Code 95972 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery	\$59.01	\$59.01

	status, electrode selectability, output modulation, cycling, impedance and patient compliance measurement		
	CPT Code 63688-59 Revision or removal of implanted spinal neurostimulator pulse generator or receiver	\$343.29	\$109.37
TOTAL		\$978.53	\$349.51

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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.4, effective July 27, 2008, requires the insurance carrier to notify providers of contractual agreements for informal and voluntary networks.
3. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-45-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
 - CAC-59-Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.
 - 329-Allowance for this service represents 50% because of multiple or bilateral rules.
 - 793-Reduction due to PPO Contract. PPO Contract was applied by Focus/Aetna Workers Comp Access LLC.
 - CAC-W4-No additional reimbursement allowed after review of appeal/reconsideration.
 - 891-No additional payment after reconsideration

Issues

1. Does the documentation support notification requirements in accordance with 28 Texas Administrative Code §133.4?
2. Did the requestor bill CPT code 63663 appropriately?
3. Is the requestor entitled to additional reimbursement for the disputed services?

Findings

1. 28 Texas Administrative Code §133.4(g) states "Noncompliance. The insurance carrier is not entitled to pay a health care provider at a contracted fee negotiated by an informal network or voluntary network if:
 - (1) the notice to the health care provider does not meet the requirements of Labor Code §413.011 and this section; or
 - (2) there are no required contracts in accordance with Labor Code §413.011(d-1) and §413.0115."

(2) there are no required contracts in accordance with Labor Code §413.011(d-1) and §413.0115."

On September 22, 2010, the Division requested a copy of the written notification to the health care provider pursuant to 28 Texas Administrative Code §133.4. No documentation was provided to sufficiently support that the respondent notified the requestor of the contracted fee negotiation in accordance with 28 Texas Administrative Code §133.4(g).

28 Texas Administrative Code §133.4(h) states "Application of Division Fee Guideline. If the insurance carrier is not entitled to pay a health care provider at a contracted rate as outlined in subsection (g) of this section and as provided in Labor Code §413.011(d-1), the Division fee guidelines will apply pursuant to §134.1(e)(1) of this title (relating to Medical Reimbursement), or, in the absence of an applicable Division fee guideline, reimbursement will be based on fair and reasonable reimbursement pursuant to §134.1(e)(3) of this title."

The Division concludes that the respondent's is not entitled to pay the requestor at a contracted fee reduction; therefore, the disputed services will be reviewed per applicable Division rules and guidelines.

2. According to the submitted medical bill, the requestor billed CPT code 63663 with modifier "LT" and "RT."

28 Texas Administrative Code §134.203(b) 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...”

Per Medicare policy, CPT code 63663 has a bilateral surgery indicator of “0.” Payment indicator “0” denotes that it cannot be reimbursed as a bilateral procedure; even though, the requestor’s used modifier “RT” and “LT,” the appropriate reimbursement is the fee schedule for a single code.

3. 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 2010 DWC conversion factor for this service is 68.19.

The Medicare Conversion Factor is 36.8729

According to the bill the place of service is “22-Outpatient Hospital.”

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

Code	Medicare Participating Amount	MAR	Amount Paid	Amount Due
63663	\$454.83	\$841.13	\$330.00 for RT and \$330.00 for LT for a total of \$660.00	\$181.13
95972	\$74.92	\$138.55 (Not Subject to Multiple Procedure Discount)	\$77.96	The difference between MAR and amount paid is \$60.59; the requestor is seeking \$59.01
63688-59	\$332.25	\$614.44 X 50% = \$307.22	\$258.44	\$109.37

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 \$349.51.

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 \$349.51 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Elizabeth Pickle, RHIA
Medical Fee Dispute Resolution Officer

04/24/2014
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.