



# 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](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

TRAVIS COUNTY EMERGENCY PHYSICIANS

**Respondent Name**

TRAVIS COUNTY

**MFDR Tracking Number**

M4-11-2676-01

**Carrier's Austin Representative**

Box Number: 38

**MFDR Date Received**

APRIL 20, 2011

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary as stated in the Request for Reconsideration letter dated January 25, 2011:**

"Please review this claim on the basis that the 2010 Texas Medical Fee Schedule for Worker's Compensation allows a different rate than which you have paid. For CPT code 99283/AQ it allows \$91.65 plus \$9. To date, \$91.65 has been paid on this procedure code resulting in an underpayment of \$9.17 for this procedure code. Seton Southwest, located at 7900 FM 1826, Austin, TX, 78737-1407 is in a Health Professional Shortage Area (HPSA), Travis County, Census Tract 17.33, Zip Code 78737-1407 and is paid 10% incentive bonus payment for services provided per Texas Workers Compensation Division Regulations. This is a federally mandated Bonus program that you are required to pay. Please see attached HPSA form from the U.S. Department of Health and Human Services Health Resources and Services Administrative."

**Amount in Dispute:** \$9.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "In review of the MDR received from Travis County Emergency Physicians, the provider is stating they are due additional reimbursement because the hospital is located in a Health Provider Shortage Area therefore an additional 10% HPSA payment is due. Forte disagrees with this information and could not locate the hospitals address with zip code in the look up at <http://www.cms.gov/HPSAPAPhysicianBonuses/>. The hospital address was also entered on the lookup located at <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx> and was not listed as qualifying for the reimbursement. Attached are screen shots indicating this is not a provider listed in the database for reimbursement... Forte maintains the provider is not due any additional reimbursement as the AQ modifier does not apply to this zip code: reimbursement payment at fee schedule. Zip code 78737 is not listed as division designated W/C under services area under rule 134.20."

**Response Submitted by:** FORTE

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 7, 2010	CPT Code 99283-AQ	\$9.00	\$0.00

#### 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 §134.2 sets out the procedures for incentive payments for Workers' Compensation Underserved Areas.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 193 – Original payment decision is being maintained. This claim was processed properly the first time.
  - 18 – Duplicate claim/service.

**Issues**

1. Is the requestor in a designated workers' compensation underserved area?
2. Is the requestor entitled to reimbursement?

**Findings**

1. The disputed issued is whether or not the requestor in this dispute is in a medically underserved area. CPT Code 99283 is not the disputed issue; the disputed issue is additional reimbursement for modifier AQ.

28 Texas Labor Code §134.2(a)and (b) states, "When required by Division rule, an incentive payment shall be added to the maximum allowable reimbursement (MAR) for services performed in a designated workers' compensation underserved area and (b)The following list of ZIP Codes comprise the Division designated workers' compensation underserved areas: 75134, 75135, 75161, 75181, 75212, 75410, 75558, 75603, 75630, 75650, 75653, 75654, 75658, 75660, 75663, 75666, 75667, 75672, 75687, 75692, 75704, 75750, 75752, 75763, 75789, 75849, 75915, 75933, 75949, 75964, 75969, 75973, 75980, 76023, 76055, 76060, 76066, 76088, 76119, 76226, 76239, 76247, 76271, 76380, 76443, 76534, 76621, 76640, 76657, 76682, 76711, 76932, 76935, 77033, 77050, 77053, 77078, 77336, 77354, 77363, 77389, 77396, 77466, 77496, 77517, 77561, 77632, 77808, 77905, 77968, 78025, 78123, 78132, 78140, 78141, 78210, 78220, 78239, 78242, 78333, 78335, 78343, 78368, 78370, 78383, 78407, 78535, 78574, 78583, 78590, 78605, 78640, 78669, 78802, 78830, 78836, 78877, 78884, 78935, 78960, 79010, 79107, 79108, 79114, 79118, 79311, 79367, 79408, 79411, 79511, 79521, 79536, 79561, 79563, 79778, 79782, 79836, 79838, 79849, 79901, 79922, 79934.

Review of the print outs from the HRSA shortage areas submitted by both parties finds that the reported location of 7900 FM 1826, Austin, TX 78737 is not in a medically underserved area/population. Since both reports had the identical information in regard to the medically underserved area/population, a report was run on the same web site used by the parties. Once again the address used is not in a medically underserved area/population and is not eligible for the incentive payment.

2. Reports from the HRSA/HPSA finds the place of service in this dispute is not one of the areas that is in a medically underserved area/population; therefore, reimbursement is not recommended.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	Date
		<b>June 6, 2014</b>

### **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.**