



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

CENTER FOR PAIN RELIEF

Respondent Name

TRAVELERS (ST PAUL FIRE & MARINE)

MFDR Tracking Number

M4-12-0825

Carrier's Austin Representative

Box Number 05

MFDR Date Received

November 4, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Insurance carrier denied payment."

Amount in Dispute: \$1,717.90

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier has issued reimbursement in the matter. The Provider billed for multiple services. For date of service 11-04-2011, the Provider billed for CPT codes 62311, 62319-59, and 77003-26. The Carrier denied reimbursement for CPT code 62311 as the documentation did not support reimbursement for that procedure. CPT code 62311 is a single lumbosacral injection for diagnostic or therapeutic substances, whereas 62319 is lumbosacral injection including catheter placement. In the 11-04-2011 operative report, included in the Provider's Request, a needle was inserted and the catheter placed in the injection site. The Operative Report documents only one injection with the catheterization, as opposed to two separate injections as billed by the Provider. The Carrier reimbursed the remainder of the disputed services based on the Maximum Allowable Reimbursement; however, the Carrier disagrees with the Provider's MAR calculations. The Carrier's MAR values are reflected on the Explanation of Benefits."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 10, 2010 and November 18, 2010	62311, 62319-59, 77003-26, 62350, 62362-59, 62284-59, 95971 and 77003-26	\$1,717.90	\$0.00

FINDINGS AND DECISION

This Decision and Order supercedes the Order issued on January 2, 2014. The correct insurance carrier on file was not notified of the previous decision outcome.

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 §134.203 sets out the fee guidelines for professional medical services provided on or after March 1, 2008.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 97 – Payment is included in the allowance for another service/procedure.
 - W1 – Worker Comp State Fee Schedule Adjustment.
 - 59 – Charges are adjusted based on multiple surgery rules. Multiple surgical procedures billed on the same day will be reimbursed at 100% for the major procedure and 50% for each subsequent procedure.
 - 18 – Duplicate claim/service.
 - 17 – Payment adjusted because requested information was not provided or was insuff/incompl review of submitted documentation does not substantiate billed services.
 - W3 – Additional payment made on appeal/reconsideration. Through a review of original pymt and add'l information received, it has been determined original invoice was processed incorrectly.

Issues

1. Did the insurance carrier issue payment to the requestor for some of the disputed services?
2. Did the requestor bill in accordance with 28 Texas Administrative Code §134.203?
3. Is the requestor entitled to additional reimbursement?

Findings

1. Review of the insurance carriers documentation supports that a payment in the amount of \$1,449.46 was issued to the requestor on November 21, 2011. The requestor in their supplemental position summary dated December 7, 2011 indicates "The carrier has issued part of the payment due to for our bill, but did not issue payment for all codes." The requestor desires to pursue dispute resolution for the remaining, unpaid CPT codes. The Division will therefore issue a decision for the remaining unpaid services.
2. The requestor seeks reimbursement for disputed CPT Codes; 62311, 62319-59, 77003-26 rendered on November 4, 2011. The insurance carrier denied/reduced the disputes services with the following reduction codes:
 - 97 – Payment is included in the allowance for another service/procedure. Included in global reimbursement.
 - W1 – Work Comp state fee schedule adjustment. Reimbursement based on Medicare fee schedule amount for facilities.
 - 18 – Duplicate claim/service. Duplicate charges.

The requestor seeks reimbursement for disputed CPT Codes and CPT Codes; 62350, 62362-59, 62284-59, 95971 and 77003-26 rendered on November 18, 2010. The insurance carrier denied/reduced the disputed services with the following reduction codes:

- 97 – Payment is included in the allowance for another service/procedure. Included in global reimbursement.
- W1 – Work Comp state fee schedule adjustment. Reimbursement based on Medicare fee schedule amount for facilities.
- 59 – Charges are adjusted based on multiple surgery rules. Multiple surgical procedures billed on the same day will be reimbursed at 100% for the major procedure and 50% for each subsequent procedure.
- 18 – Duplicate claim/service. Duplicate charges.

28 Texas Administrative Code §134.203 states, "(b) 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.

The Division completed NCCI edits to determine if edit conflicts exists that would affect reimbursement. The requestor billed CPT Codes 62311, 62319-59, 77003-26 on November 4, 2010 and the following was identified:

"Per CCI Guidelines, Procedure Code 62311 [NJX DX/THER SBST EPIDURAL/SUBARACH LUMBAR/SACRAL] has a CCI conflict with Procedure Code 62319 [NJX INFUS/BOLUS DX/SBST EDRL/SUBARACH LUM/SACRAL]/. Review documentation to determine if a modifier is appropriate." Review of the CMS-1500 does not document that the requestor appended a payment modifier to CPT Code 62311, as a result reimbursement cannot be recommended for CPT Code 62311.

The requestor billed CPT Codes 62350, 62362-59, 62284-59, 95971 and 77003-26 on November 18, 2010 and the following was identified:

“Per CCI Guidelines, Procedure Code 77003 [FLUORO NEEDLE/CATH SPINE/PARASPINAL DX/THER] has a CCI conflict with Procedure Code 62284 [INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR]/]. Review documentation to determine if a modifier is appropriate.” Review of the CMS-1500 documents that the requestor appended modifier -26 to CPT Code 77003. Per the AMA CPT Code Book modifier -26 is defined as “Professional Component.” The requestor did not append a payment modifier to this CPT Code, therefore due to the NCCI conflict the requestor is not entitled to reimbursement for CPT Code 77003.

The Division finds that no NCCI edit conflicts were identified for CPT Codes 62319-59 and 77003-26 rendered on November 4, 2010 and CPT Codes 62350, 62362-59, 62284-59 and 95971 rendered on November 18, 2010. As a result, the requestor is entitled to reimbursement pursuant to 28 Texas Administrative Code §134.203.

3. 28 Texas Administrative Code §134.203 states in pertinent part, “(c) 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...”

Per CMS, multiple procedure indicator identifies multiple procedure indicator 2 as, “Standard payment adjustment rules for multiple procedures apply. If the procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100 percent, 50 percent, 50 percent, 50 percent, 50 percent, and by report). Base payment on the lower of: (a) the actual charge or (b) the fee schedule amount reduced by the appropriate percentage.” The Division finds that CPT codes 62319-59, 62350, 62362-59 and 62284-59 contain a multiple procedure indicator of 2; therefore, payment is determined as indicated above.

The following identifies the insurance carrier payments:

Date of service	CPT Codes	Insurance Carrier Paid	MAR Amount	Multiple Procedure Payment Reduction (MPPR)
November 4, 2010	62319-59	\$175.29	\$299.50	Service paid at 100%
November 4, 2010	77003-26	\$44.29	\$43.34	Service paid at 100%
November 4, 2010	62311	\$0.00	Refer to # 2 above	\$0.00
November 18, 2010	62350	\$352.63	\$190.68	Service paid at 50% of MAR
November 18, 2010	62362-59	\$739.70	\$589.24	Service paid at 100%
November 18, 2010	62284-59	\$82.81	\$104.95	Service paid at 50% of MAR
November 18, 2010	95971	\$60.45	\$84.91	Service paid at 100%
November 18, 2010	77003-26	\$44.29	Refer to # 2 above	\$0.00
TOTAL		\$1,449.46	\$1,312.62	

The Division finds that the insurance carrier issued a payment in the amount of \$1,449.46 minus the recommended reimbursement of \$1,312.62, the requestor is therefore entitled to additional reimbursement in the amount of \$0.00.

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

November 20, 2015
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 MFDR 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 this *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.