



# 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**

ASCENDANT ANESTHESIA, PLLC  
DR. BABER YOUNAS, MD

**Respondent Name**

FIREMANS FUND INSURANCE CO

**MFDR Tracking Number**

M4-14-0745-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

NOVEMBER 4, 2013

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The carrier denied payment of Code 01360 QK stating payment for this code was included with another code billed on this same date of service. We sent a reconsideration request to the carrier explaining Code 64447 59 was billed with a **Modifier 59** and that indicated a **separate, billable procedure** and was to be reimbursed separately from the anesthesia code."

**Requestor's Supplemental Position Summary dated October 15, 2014:** "There were two claims for that DOS one for the MD and the other for the CRNA. They paid \$248.85 on the 01360-QX claim, but we have not been paid on the claim for CPT code 01360-QK as of today."

**Amount in Dispute:** \$248.85

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The requestor billed \$1350.00 for the service in question (01360-QK), and asserts it is entitled to reimbursement in the amount of \$248.85. The carrier agrees, and has previously issued payment to the requestor in the amount of \$248.85."

**Response Submitted by:** Flahive, Ogden & Latson

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 28, 2013	Anesthesia Services CPT Code 01360-QK	\$248.85	\$248.85

#### 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, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, 33 TexReg 626, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - U837-Anesthesia is included in the surgery procedure.
  - 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

### **Issues**

1. Are the anesthesia services in dispute included in the benefit of another service rendered on the disputed date?
2. Is the requestor entitled to reimbursement?

### **Findings**

1. According to the explanation of benefits, the respondent denied reimbursement for code 01360-QK based upon reason codes "U837" and "97". The respondent did not maintain this denial and paid the CRNA services; however, the physicians services remain unpaid and are the issue of this dispute. CPT code 01360-QK will be reviewed per applicable Division rules and guidelines.
2. CPT code 01360 is defined as "Anesthesia for all open procedures on lower one-third of femur." The requestor appended modifier "QK-Medical direction of two, three or four concurrent anesthesia procedures." The requestor noted that "There were two claims for that DOS one for the MD and the other for the CRNA. They paid \$248.85 on the 01360-QX claim, but we have not been paid on the claim for CPT code 01360-QK as of today."

Medicare's reimbursement policy regarding the "QK" and "QX" modifiers is "An anesthesiologist is medically directing two, three or four CRNAs. The anesthesiologist should bill with the QK modifier and the CRNA should bill with the QX modifier. The Medicare payment would be split equally between the two providers with each provider receiving 50 percent of the Medicare allowable amount for the procedure."

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 Texas Administrative Code 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."

28 Texas Administrative Code §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...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 \$53.68..."

To determine the MAR the following formula is used:  $(\text{Time units} + \text{Base Units}) \times \text{Conversion Factor} = \text{Allowance}$ .

The Division reviewed the submitted anesthesia report and finds the anesthesia was started at 1211 and ended at 1311, for a total of 60 minutes. To calculate the time, the total time will be divided by the 15-minute time; therefore, the requestor has supported  $60/15 = 4$ .

Per 28 Texas Administrative Code §134.203(b)(1) the base unit for CPT code 01360 is 5.

The 2013 DWC Conversion Factor is \$55.30.

Using the above formula, the MAR for CPT code 01360-QK is: \$497.70. Because the requestor appended modifier "QK" the MAR is reduced by 50% = \$248.85. The respondent paid \$0.00. As a result reimbursement of \$248.85 is recommended.

### **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 \$248.85.

**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 \$248.85 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

**Authorized Signature**

		10/20/2014
Signature	Medical Fee Dispute Resolution Officer	Date

***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request 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 §141.1(d).

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