



# 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**

MISI Associates PLLC

**Respondent Name**

Liberty Insurance Corp

**MFDR Tracking Number**

M4-14-2410-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

April 4, 2014

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "...Dr. Valente performed a Revision Laminectomy on this patient. The operative report clearly states "...resected the lamina of L4 and the superior lamina of L5 as well as the spinous process...(performed) bilateral foramintomies and lateral recess decompression" on both segments. The procedure is best described by CPT 63047/63048 and not 63042 since a revision discectomy was NOT performed. Per AMA guidelines, 63042 is a revision discectomy code. 63047 is both an initial and revision laminectomy code. 63047 and 63048 are segment rather than level codes."

**Amount in Dispute:** \$15,455.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "...These codes would have been coded appropriately if there had not been a previous surgery documented as interspace L4-5. ...With the appeals received and reviewed, MISI Associates, PLLC did not correct the coding to the documented procedures performed. Liberty Mutual believes that MISI Associates, PLLC has been appropriately reimbursed for service rendered to (claimant) for the (disputed date of service)."

**Response Submitted by:** Liberty Mutual

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 13, 2013	63047, 63048	\$15,455.00	\$2,466.00

#### 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**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 263 – The code billed does not meet the level/description of the procedure performed/documented.
  - 193 – Original payment decision is being maintained.

## **Issues**

1. Did the requestor support the level of service billed?
2. What is the applicable rule to determine reimbursement?
3. Is the requestor entitled to reimbursement?

## **Findings**

1. The carrier stated in their position statement, "These codes would have been coded appropriately if there had not been a previous surgery documented as interspace L4-5." Review of the American Medical Association, Current Procedural Terminology for codes 63047 does not specify this code should not be used for a revised procedure. CPT code 63048 is an add-on code to be reported for procedures affecting each additional vertebra. Review of the "OPERATIVE REPORT" finds
  - a. Diagnosis (2) Post-laminectomy syndrome L4-5
  - b. Procedure (1) L4-5 revision laminectomy and bilateral foraminotomy (2) Posterior fusion L4-5

The Division finds the carrier's denial is not supported. The disputed charges will be reviewed per applicable rules and fee guidelines.

2. 28 Texas Administrative Code §134.203(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;" The Maximum Allowable Reimbursement will be calculated as follows;
  - Procedure code 22612, service date June 13, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 23.53 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 23.74177. The practice expense (PE) RVU of 17.6 multiplied by the PE GPCI of 1.017 is 17.8992. The malpractice RVU of 6.23 multiplied by the malpractice GPCI of 0.834 is 5.19582. The sum of 46.83679 is multiplied by the Division conversion factor of \$69.43 for a MAR of \$3,251.88.
  - Procedure code 22840, service date June 13, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 12.52 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 12.63268. The practice expense (PE) RVU of 6.51 multiplied by the PE GPCI of 1.017 is 6.62067. The malpractice RVU of 3.48 multiplied by the malpractice GPCI of 0.834 is 2.90232. The sum of 22.15567 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$1,225.21.
  - Per Medicare policy, procedure code 38220, service date June 13, 2013, may not be reported with the procedure code for another service billed on this same claim.
  - Procedure code 20936, service date June 13, 2013, has a status indicator of B, which denotes a bundled code. Payments for these services are always bundled into payment for other services to which they are incident.
  - Procedure code 20931, service date June 13, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 1.81 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 1.82629. The practice expense (PE) RVU of 0.93 multiplied by the PE GPCI of 1.017 is 0.94581. The malpractice RVU of 0.56 multiplied by the malpractice GPCI of 0.834 is 0.46704. The sum of 3.23914 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$179.12.
  - Procedure code 20930, service date June 13, 2013, has a status indicator of B, which denotes a bundled code. Payments for these services are always bundled into payment for other services to which they are incident.
  - Procedure code 63047, service date June 13, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 15.37 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 15.50833. The practice expense (PE) RVU of 13.12 multiplied by the PE GPCI of 1.017 is 13.34304. The malpractice

RVU of 4.41 multiplied by the malpractice GPCI of 0.834 is 3.67794. The sum of 32.52931 is multiplied by the Division conversion factor of \$69.43 for a MAR of \$2,258.51.

- Per Medicare policy, procedure code 63710, service date June 13, 2013, may not be reported with the procedure code for another service billed on this same claim.
  - Procedure code 63048, service date June 13, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 3.47 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 3.50123. The practice expense (PE) RVU of 1.8 multiplied by the PE GPCI of 1.017 is 1.8306. The malpractice RVU of 1.01 multiplied by the malpractice GPCI of 0.834 is 0.84234. The sum of 6.17417 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$341.43.
3. The total allowable reimbursement for the services in dispute is \$7,256.15. This amount less the amount previously paid by the insurance carrier of \$4,790.15 leaves an amount due to the requestor of \$2,466.00. This amount 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 \$2,466.00.

### **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 \$2,466.00 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

\_\_\_\_\_  
Date

July , 2014

### **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.**