



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

Dallas Testing Inc

Respondent Name

Zurich American Insurance Co

MFDR Tracking Number

M4-15-2141-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

March 16, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: No position statement submitted by the requestor.

Amount in Dispute: \$630.33

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier issued reimbursement based upon fee reductions required by the medical fee guideline and Medicare payment requirements. No additional reimbursement is owed."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 30, 2014	95869, 95886, 95913, A4215	\$630.33	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
 - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
 - 11 – Service not furnished directly to the patient and/or not documented

Issues

1. Is the respondent’s position statement supported?
2. What is the applicable rule pertaining to reimbursement?

Findings

1. The carrier states in their position statement, “Carrier issued reimbursement based upon fee reductions required by the medical fee guideline and Medicare payment requirements.” 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; “ Review of submitted medical bill finds;
 - Per Medicare policy, procedure code 95913, service date October 30, 2014, may not be reported with procedure code 95869 billed on this same claim.
 - Per Medicare policy, procedure code 95886, service date October 30, 2014, is an add on code and can only be reimbursed if primary procedure is paid.
 - Procedure code 95869, service date October 30, 2014, represents a professional service with reimbursement determined per §134.203(c) states “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 (date of service yearly conversion factor).” 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 0.37 multiplied by the geographic practice cost index (GPCI) for work of 1.002 is 0.37074. The practice expense (PE) RVU of 1.72 multiplied by the PE GPCI of 0.987 is 1.69764. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.799 is 0.01598. The sum of 2.08436 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$116.20.
 - Procedure code A4215, service date October 30, 2014, has a status indicator of X, which denotes items and services subject to statutory exclusion. The carrier made payment on this service in the amount of \$60.00.
2. The total allowable reimbursement for the services in dispute is \$176.20. This amount less the amount previously paid by the insurance carrier of \$176.20 leaves an amount due to the requestor of \$0.00. The Carrier’s position is supported. No additional reimbursement can be 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	May , 2015 Date
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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, 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 MFDR 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.