



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

AUSTIN ANESTHESIOLOGY GROUP, PLLC

Respondent Name

SERVICE LLOYDS INSURANCE CO

MFDR Tracking Number

M4-15-2345-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

MARCH 30, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier denied payment of CPT Code 01810 QK stating 'service partially/fully furnished by another provider.' A reconsideration request was sent to the carrier explaining this claim was billed for the services of the supervising MD for this procedure. The claim for the services of the CRNA that performed the anesthesia procedure has been paid - see Attachment A - note the full MAR for this case has been reduced by 50% and paid to this provider - which is correct calculations for a supervised anesthesia procedure. A copy of the documentation to support his procedure is attached - see Attachment B, pages 1-4 - and clearly documents the services of an MD and CRNA."

Amount in Dispute: \$225.79

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Although the requestor, Patrick D. Clegg, MD is listed in the Anesthesia Intraop Record as an MD Supervisor the anesthesia record also lists Cory Burrough, MD under the personnel time entries for this procedure. Moreover, Cory Burrough, MD was the physician that electronically signed for SJRHC - Perioperative Services performed on 01/15/15. Upon verification of the state license number on the Texas Medical Board website (Exhibit A), it was found that license number M5654 was issued to Cory Brenson Burrough, MD on 02/16/07. What is more, the license was active and in good standing at the time services were provided and does not expire until 11/30/2016...CorVel will maintaint he requestor, Patrick D Clegg, MD is entitled to \$0.00 reimbursement for date of service 01/15/15, CPT Code 01810 (QK) in the amount of \$225.79 based on failure to accurately submit medical billing data in accordance with division rules set forth for a licensed provider."

Response Submitted by: Corvel

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: January 15, 2015, CPT Code 01810 QK, \$225.79, \$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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §133.20, effective January 29, 2009, sets out the rule for medical bill submission by a Health Care Provider.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - B20-Svc partially/fully furnished by another provider.
 - QK-Medical direction of 2-4 anesth procedures.
 - P2-A patient with mild systemic disease.
 - 193-Original payment decision maintained.
 - W3-Appeal/Reconsideration

Issues

Does the submitted documentation support Dr. Patrick Clegg furnished the disputed service? Is the requestor entitled to reimbursement?

Findings

According to the explanation of benefits, the respondent denied reimbursement for code 01810-QK based upon reason code "B20."

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."

On the disputed date of service, the requestor billed CPT code 01810-QK that is defined as "Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand."

The requestor appended modifier "QK-Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals."

The respondent contends that reimbursement is not due based upon "failure to accurately submit medical billing data in accordance with division rules set forth for a licensed provider."

28 Texas Administrative Code §133.20(e)(2) states "A medical bill must be submitted: in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care."

The Division reviewed the submitted medical records and supporting documentation and finds the following:

- Patrick D. Clegg, MD is listed in box 31 of the medical bill.
- The SJRHC – Perioperative Services report is signed by "Burrough, Cory/MD/Anesthesiologist".
- Dr. Cory Burrough is a licensed provider.
- No documentation to support that Dr. Burrough was an unlicensed individual that required Dr. Clegg's supervision.
- No documentation submitted to support that Dr. Clegg rendered the disputed service.

The Division concludes that per 28 Texas Administrative Code §133.20(e)(2), reimbursement is not recommended because the rule specifies that the medical bill must be submitted by the licensed health care provider who provided the service; 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

_____	_____	06/10/2015
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, 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.