



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

Steve Sacks MD

Respondent Name

Zurich American Insurance Co

MFDR Tracking Number

M4-15-3107-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

May 22, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Designated Doctor Exams are billed according to DWC rule 134.204 and in accordance with labor code 408.004, 408.0041, and 408.151."

Amount in Dispute: \$65.95

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "It has been determined that ESIS Med Bill Impact will stand on the original recommendation of \$964.98."

Response Submitted by: ESIS Bill Review, 1851 E 1st St #200, Santa Ana, CA 92705

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 22, 2014	99204, 95886, 95912, A4456	\$65.95	\$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:
 - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - P12 – Workers compensation jurisdictional fee schedule adjustment
 - 193 – Original payment decision is being maintained

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported for A4556?
2. Was the payment made pursuant to applicable fee guideline for 99204, 95886, and 95912?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed services with claim adjustment reason code 97 – “The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.” 28 Texas Administrative Code §134.203 (b) requires that “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 the submitted information finds that medical claim contains code A4556 which has a status code “P”- Bundled – Excluded code. The insurance carrier's denial reason is supported. Additional reimbursement cannot be recommended.
2. 28 Texas Administrative Code §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 maximum allowable reimbursement is calculated as follows;
 - Procedure code 99204, service date August 22, 2014, 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 2.43 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 2.46402. The practice expense (PE) RVU of 1.99 multiplied by the PE GPCI of 1.004 is 1.99796. The malpractice RVU of 0.22 multiplied by the malpractice GPCI of 0.939 is 0.20658. The sum of 4.66856 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$260.27.
 - Procedure code 95886, service date August 22, 2014, 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 0.86 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 0.87204. The practice expense (PE) RVU of 1.67 multiplied by the PE GPCI of 1.004 is 1.67668. The malpractice RVU of 0.04 multiplied by the malpractice GPCI of 0.939 is 0.03756. The sum of 2.58628 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$144.19 at 2 units is \$288.38.
 - Procedure code 95912, service date August 22, 2014, 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 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 3.042. The practice expense (PE) RVU of 4.24 multiplied by the PE GPCI of 1.004 is 4.25696. The malpractice RVU of 0.18 multiplied by the malpractice GPCI of 0.939 is 0.16902. The sum of 7.46798 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$416.33.
3. The total allowable reimbursement for the services in dispute is \$964.98. This amount less the amount previously paid by the insurance carrier of \$964.98 leaves an amount due to the requestor of \$0.00. 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	Date
		July , 2015

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.