



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

Westlake Anesthesia Group

Respondent Name

New Hampshire Insurance Co

MFDR Tracking Number

M4-15-3144-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

May 26, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Initial bill and anesthesia records were faxed to Sedgwick at 866-299-4151 fax confirmation sheet attached. Upon calling Sedgwick were informed we need to mail claims, initial bill and anesthesia records were mailed to Sedgwick on 10-23-2014, with claim# [redacted] which is the claim number proved to us by the facility. See attached face sheet and this claim also had the patient name and social security number on it. See Attach HICA. Called Sedgwick on 3/20/15 and were told we had the incorrect claim# so corrected claim was mailed on 3/20/2015 with the same patient name and social security #. As of this date we have gotten no response from Sedgwick and the adjustor does not answer when you leave a message."

Amount in Dispute: \$625.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "we have escalated the bills in question for manual review to determine if additional monies are owed."

Response Submitted by: Gallagher Bassett, 6404 International Parkway, Suite 2300, Plano, TX 75093

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 25, 2014	01810	\$625.00	\$349.90

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 sets out the reimbursement guidelines for professional services.

3. No explanation of benefits was submitted by either party in this dispute.

Issues

1. Did the respondent support their position statement?
2. What is the applicable rule pertaining to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. In its position to medical fee dispute, the respondent states, "we have escalated the bills in question for manual review to determine if additional monies are owed. Attached is a copy of all bills received to date, and their corresponding EOB's and payment details." Review of the carrier's response received by fax on June 4, 2015 finds that the carrier sent a total of 14 pages. Ten pages were copies of the same documents submitted by the requestor, and the remaining 4 pages did not contain documentation to support that the carrier issued EOBs in the form and manner required by 28 Texas Administrative Code §133.240 for the services in dispute. Therefore, the services in dispute will be reviewed per applicable rules and fee guidelines.
2. 28 Texas Administrative Code §134.203(c) states in pertinent part, 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 service services in dispute will be calculated as follows:

- a. The base unit for submitted code 01810 found at <http://www.cms.gov/site-search/search-results.html?q=01810> is 3
 - b. The total time reported on the claim and supported by the "anesthesia record" is 27 divided by 15 minutes = 1.8 or 2
 - c. The base units (3) plus time units (2) = 5
 - d. The 2014 Division of Workers Compensation Conversion Factor for services performed in a facility is \$69.98
 - e. The maximum allowable reimbursement is: $5 \times \$69.98 = \349.90
3. The total recommended allowable is \$349.90. The carrier previously paid \$0.00. The amount due to the requestor is \$349.90. This amount is recommended.

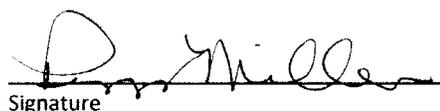
Conclusion

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 \$349.90.

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 \$349.90 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature


Signature

Peggy Miller
Medical Fee Dispute Resolution Officer

January 12, 2016
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.