



# 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**

George A Berry

**Respondent Name**

TPCIGA for Reliance National

**MFDR Tracking Number**

M4-15-3277-01

**Carrier's Austin Representative**

Box Number 50

**MFDR Date Received**

June 4, 2015

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "After 2 months of treatment, we have seen a reduction in pain from a continuous 9 (out of 10) to an occasional 4 (out of 10). Functional rating has improved from a 24 to a 19 during that same time period. On 5/14/15, (claimant) was released back to work with light duty restriction."

**Amount in Dispute:** \$2,026.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "We maintain our position that no additional is due. As per the EOB, the bills were denied for no preauthorization."

**Response Submitted by:** Broadspire, P. O. Box 14645, Lexington, KY 40512

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 17, 2015 through May 28, 2015	Radiology, evaluation and management, physical therapy and DME	\$2,026.00	\$109.51

#### 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 §134.600 sets out the guidelines for prospective and concurrent review of healthcare.
- 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:
  - D49 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization
  - 18 – Exact duplicate claim/service

## Issues

1. Did the requestor meet the requirements of 28 Texas Administrative Code §133.307(c) (2) (K)?
2. Did the requestor obtain preauthorization for disputed dates of service March 27, March 31, 2015, April 2, 2015, April 7, 2015, April 10, 2015, April 14, 2015, April 17, 2015, April 23, 2015, April 30, 2015, May 7, 2015 and May 14, 2015?
3. Does CPT Code 99213 require preauthorization?
4. Is the requestor entitled to additional reimbursement?

## Findings

1. The requestor seeks reimbursement for disputed services rendered on; March 17, 2015, March 20, 2015, March 23, 2015, March 26, 2015, and May 28, 2015 as indicated on the DWC060.

Per 28 Texas Administrative Code §133.307(c)(2)(K), requires that the request shall include “a paper copy of each explanation of benefits (EOB) related to the dispute as originally submitted to the health care provider... or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB.” Review of the submitted documentation finds that the request does not include copies of any EOBs for these disputed dates of service. Nor has the requestor provided evidence of insurance carrier receipt of the request for an EOB. The Division concludes that the requestor has not met the requirements of §133.307(c) (2) (K). As a result, reimbursement is not recommended for dates of service; March 17, 2015, March 20, 2015, March 23, 2015, March 26, 2015, and May 28, 2015.

2. The insurance carrier denied disputed services with claim adjustment reason code D49 – “Payment denied/reduced for absence of, or exceeded, pre-certification/authorization” for dates of service March 27, March 31, 2015, April 2, 2015, April 7, 2015, April 10, 2015, April 14, 2015, April 17, 2015, April 23, 2015, April 30, 2015, May 7, 2015 and May 14, 2015. 28 Texas Administrative Code §134.600 (p) states, Non-emergency health care requiring preauthorization includes: (5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels:

(A) Level I code range for Physical Medicine and Rehabilitation, but limited to:

- (i) Modalities, both supervised and constant attendance;
- (ii) Therapeutic procedures,

Review of the submitted information finds no documentation to support that preauthorization was obtained for the disputed physical services rendered March 27, 2015 through May 14, 2015. As a result, reimbursement is not recommended for these dates of service.

3. The insurance carrier has denied CPT Code 99213 with denial reason code “D49 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.” As this was an evaluation and management service performed by a treating physician no prior authorization was required. The Division finds that the denial reason is not supported for this date of service.

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 will be calculated as follows:

- Procedure code 99213, service date April 17, 2015, 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 0.97 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.97. The practice expense (PE) RVU of 1.01 multiplied by the PE GPCI of 0.92 is 0.9292. The malpractice RVU of 0.06 multiplied by the malpractice GPCI of 0.822 is 0.04932.

The sum of 1.94852 is multiplied by the Division conversion factor of \$56.20 for a MAR of \$109.51.

4. The requestor is entitled to reimbursement in the amount of \$109.51. Therefore, 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 \$109.51.

**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 \$109.51 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

**Authorized Signature**

_____	_____	July , 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.**