



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Jason R Bailey

Respondent Name

Arch Insurance Co

MFDR Tracking Number

M4-16-1779-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

February 24, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to 28 TAC §134.2, 134.203, and 134.204 for the year 2015B Dr. Bailey should have been compensated for the services he provided at 196% of the listed Medicare Allowable rates. He was not."

Amount in Dispute: \$3,195.99

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Coventry is standing by the pricing for both bills."

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
August 27, 2015	99223, 21343, 67950, 13152, 13132, 13133, 92100	\$3,195.99	\$1,284.28

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:
 - P1 (no detailed description found)
 - 97 – the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
 - P12 (no detailed description found)

- *59 – Processed based on multiple or concurrent procedure rules

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. What is the applicable rule that pertains to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed service codes 13132, 13133 and 13152 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.” Procedure Code 67950 was reduced with *59 – “Processed based on multiple or concurrent procedure rules.” 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:

Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

Regarding Procedure Code 67950, review of the Medicare Claims Processing Manual Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPS), 10.5, found at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf> finds,

Discounting

- *Fifty percent of the full OPPS amount is paid if a procedure for which anesthesia is planned is discontinued after the patient is prepared and taken to the room where the procedure is to be performed but before anesthesia is provided.*
- *Fifty percent of the full OPPS amount is paid if a procedure for which anesthesia is not planned is discontinued after the patient is prepared and taken to the room where the procedure is to be performed.*
- *Multiple surgical procedures furnished during the same operative session are discounted.*
- *The full amount is paid for the surgical procedure with the highest weight;*
- *Fifty percent is paid for any other surgical procedure(s) performed at the same time;*
- *Similar discounting occurs now under the physician fee schedule and the payment system for ASCs;*
- *When multiple surgical procedures are performed during the same operative session, beneficiary coinsurance is discounted in proportion to the APC payment.*

The carrier's reduction of this code is supported.

Review of the National Correct Coding Initiatives at <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html> finds Procedure Code 13133 does have a CCI conflict with Procedure code 67950. The carrier's denial is supported.

However, for Procedure Codes 13132 and 13152 no CCI edits were found. Therefore, the carrier's denial is not supported. This code will be reviewed per applicable rules and fee guidelines which include multiple procedure discounting.

2. The remaining dates of service are related to professional medical services performed in a facility setting and will be calculated per Rule §134.203(c)(1) which states,

To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

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). For Surgery when performed in a facility setting, the established conversion factor to be applied is (date of service yearly conversion factor).

The maximum allowable reimbursement for the services in dispute will be reviewed as follows:

Date of Service	Submitted Code	Submitted Charge	Allowable	MAR (DWC Conversion Factor/Medicare Conversion Factor) x Allowable = TX Fee MAR
August 27, 2015	99223	\$716.71	\$208.39	$(70.54/35.9335) \times \$208.39 = \409.08
August 27, 2015	21343	\$5,413.38	\$1,265.32	$(70.54/35.9335) \times \$1,265.32 = \$2,483.91$
August 27, 2015	67950	\$3,937.97	\$585.71 (subject to 50% multiple procedure discount) $\$585.71 \times 50\% = \292.85	$(70.54/35.9335) \times \$292.85 = \574.88
August 27, 2015	13152	\$1,773.48	\$518.43 (subject to 50% multiple procedure discount) $\$518.43 \times 50\% = \259.21	$(70.54/35.9335) \times \$259.21 = \508.85
August 27, 2015	13132	\$1,725.00	\$487.23 (subject to 50% multiple procedure discount) $\$487.23 \times 50\% = \243.61	$(70.54/35.9335) \times \$243.61 = \478.22
August 27, 2015	13133	\$706.00	CCI edit, not separately payable	
August 27, 2015	92100	\$284.16	\$81.95	$(70.54/35.9335) \times \$81.95 = \160.87
			Total	\$4,615.81

- The maximum allowable reimbursement for the services in dispute is \$4,615.81. The carrier previously paid \$3,331.53. The remaining balance of \$1,284.28. 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 \$1,284.28.

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 \$1,284.28 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

Date

March 21, 2016

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.