



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

Professional Emergency Service

Respondent Name

Federal Insurance Co

MFDR Tracking Number

M4-18-0254-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

September 28, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Because the injured worker in this case could not definitely report negatively nor positively her state of pregnancy, a medical decision was made by the physician to order CPT Procedure 81025. ...Claimant (injured worker) was seen by Vitus Nwafor PA-G under the supervision of Gregory P. Ennis."

Amount in Dispute: \$265.69

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CorVel will maintain the requestor, Professional Emergency Service is entitled to \$0.00 reimbursement for date of service 06/10/17 based on failure to accurately submit medical billing data in accordance with division rules set forth for a licensed provider." "CorVel will maintain the requestor, Professional Emergency Service is entitled to \$0.00 reimbursement for date of service 03/24/17 based on failure to accurately submit medical billing in accordance with division adopted coding, billing and payment policies."

Response Submitted by: CorVel Healthcare Corporation

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 10, 2017	99215	\$235.69	\$0.00
June 10, 2017	99080	\$15.00	\$0.00
March 24, 2017	81025	\$15.00	\$10.84

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 §133.10 sets out the requirements for a complete medical bill.

3. 28 Texas Administrative Code §133.20 sets the guidelines for medical bill submission by health care providers.
4. 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 4 – Required modifier missing or inconsistent w/proced
 - RP3 – CMS statutory exclusion/svc not paid to physicians
 - B20 – Srvc partially/fully furnished by another provider
 - 170 – Denied when performed/billed by this provider

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 reimbursement for June 10, 2017?
4. Is any additional payment due?

Findings

1. The requestor is seeking reimbursement for dispute services on two dates of service. For date of service March 24, 2017, the disputed services is code 81025 – “Urine pregnancy test, by visual color comparison methods”

The insurance carrier denied the disputed service with claim adjustment reason code 4 – “Required modifier missing or inconsistent w/proced” and RP3- “CMS statutory exclusion/svc not paid to physicians.”

28 Texas Administrative Code §134.203 (b) states in pertinent part,

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

Regarding the first denial, “Required modifier missing or inconsistent w/proced.” The Centers for Medicare and Medicaid Center CLIA waived tests listing, <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/waivetbl.pdf>, code 81025 has a waived status under CLIA therefore, no modifier is required.

Regarding the second denial, “CMS statutory exclusion/svc not paid to physicians.” The reimbursement of the laboratory charge in dispute is determined by the “Clinical Diagnostic Laboratory Fee Schedule” not the “Medicare Physician’s Fee Schedule.” The applicable fee guideline is shown below.

2. Reimbursement is determined by 28 Texas Administrative Code §134.203 (e) which states,

The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,
- (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

Review of the 2017 Medicare Clinical Diagnostic Laboratory Fee Schedule finds no separate allowance for the professional component. The fee calculation is $\$8.67 \times 125\% = \10.84 . This amount is recommended.

3. For the requestor is seeking \$250.69 for professional services performed on June 10, 2017. The carrier denied as 820 – “Srvc partially/fully furnished by another provider.”

28 Texas Administrative Code §133.10 (f) (U) and (V), states, “the rendering provider’s information is required to be listed in box 24j, shaded (state license) and un-shaded (NPI) fields.

Furthermore, 28 Texas Administrative Code §133.20(d) states in pertinent part, “The health care provider that provided the health care shall submit its own bill, unless... (2) the health care was provided by an unlicensed individual under the direct supervision of a licensed health care provider, in which case the supervising health care provider shall submit the bill.” Read together these provisions only allow for a supervising provider to be listed in 24j if the rendering provider is not licensed.

Review of the CMS 1500 provided finds that the requestor listed the license and NPI information for Gregory P Ennis, M.D. in 24j. In their position statement the requestor states, “Claimant (injured worker) was seen by Vitus Nwafor PA-C under the supervision of Gregory P. Ennis, M.D. P.A.”

Review of the submitted “Report” dated June 10, 2017 shows “by: Vitus U. Nwafor, P.A.C.” Review of the NPPES NPI registry found an NPI of 1558493965 and license PA04037 for this provider.

As the health care provider that performed the professional service on June 10, 2017 was licensed, the requestor’s position statement is not supported. The carrier’s denial is supported. No additional payment is recommended.

- 4. The total allowable for the eligible service in dispute is \$10.84. 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 \$10.84.

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 \$10.84 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

January 5, 2018
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.