



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

SAMUEL J. ALIANELL, MD

Respondent Name

PROTECTIVE INSURANCE COMPANY

MFDR Tracking Number

M4-18-1307-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

January 1, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The charges referenced herein were filed with the Carrier and denied for CMS statutory exclusions/not paid to physician and payment included in another service. Requests for reconsideration have been denied maintaining the original decision."

Amount in Dispute: \$3,663.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "the testing was denied as there is a CMS statutory exclusion that the services are not paid to physicians."

Response Submitted by: Downs Stanford, P.C.

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Dispute Amount, Amount Due. Row 1: February 1, 2017 to March 29, 2017; Diagnostic Testing: G0482, 80307; \$3,663.00; \$842.57

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 fee guideline for professional medical services.
3. The insurance carrier denied payment for the disputed services with the following claim adjustment codes:
- RP3 - CMS statutory exclusion/svc not paid to physicians
- P14 - Payment is included in another svc/procedure occurring on same day
- W3 - Appeal/Reconsideration
- 4 - Required Modifier Missing or Inconsistent w/proced
- 95A - Provider submitted corrected billing

## Issues

1. Are the insurance carrier's reasons for denial of payment supported?
2. What is the recommended payment for the services in dispute?
3. Is the requestor entitled to additional reimbursement?

## Findings

1. The insurance carrier denied disputed services with claim adjustment reason codes:
  - RP3 – CMS statutory exclusion/svc not paid to physicians
  - P14 – Payment is included in another svc/procedure occurring on same day

The respondent argues, "the testing was denied as there is a CMS statutory exclusion that the services are not paid to physicians."

However, the respondent did not submit any documentation of Medicare payment policies or other information to support this argument.

Nor did the respondent provide any information to support that payment was included in another service or procedure occurring on the same date.

Under Medicare's Physician Fee Schedule, the disputed services have status indicators of "X," denoting codes subject to statutory exclusion. Per Medicare payment policy, "These codes represent an item or service that is not within the statutory definition of 'physicians' services' for PFS payment purposes. No RVUs are shown for these codes, and no payment may be made under the PFS (for example, ambulance services and clinical diagnostic laboratory services)." However, this is not because the disputed services are not payable to physicians, but simply because the services are instead payable under another Medicare payment system. In this case, the disputed services are payable under Medicare's Clinical Diagnostic Laboratory Fee Schedule.

The division concludes the insurance carrier's denial reasons are without merit.

These services will therefore be reviewed for payment pursuant to applicable division rules and fee guidelines.

2. This dispute regards payment of clinical laboratory services with reimbursement subject to the division's *Medical Fee Guideline for Professional Services*, at 28 Texas Administrative Code §134.203, which requires that to determine the maximum allowable reimbursement (MAR), system participants shall apply Medicare payment policies with minimal modifications as set forth in the rule. Rule §134.203(e)(1) specifies that the MAR for these disputed pathology and laboratory services shall be: "125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service."

Reimbursement is calculated as follows:

- Procedure code G0482, February 1, 2017, represents a lab service paid per Rule §134.203(e). The Medicare Clinical Lab Fee is \$204.34. 125% of this amount is \$255.43.
- Procedure code G0482, March 1, 2017, represents a lab service paid per Rule §134.203(e). The Medicare Clinical Lab Fee is \$204.34. 125% of this amount is \$255.43.
- Procedure code 80307, March 29, 2017, represents a lab service paid per Rule §134.203(e). The Medicare Clinical Lab Fee is \$61.02. 125% of this amount is \$76.28.
- Procedure code G0482, March 29, 2017, represents a lab service paid per Rule §134.203(e). The Medicare Clinical Lab Fee is \$204.34. 125% of this amount is \$255.43.

Note that, although the provider listed in the *Table of Disputed Services* code 80307 for date of service March 1, 2017, no medical bill for this service was found with the submitted materials. Rule §133.307(c)(2)(J) requires that the requestor shall provide with the request for MFDR, "a paper copy of all medical bill(s) related to the dispute, as originally submitted to the insurance carrier ..." As no copy of the bill was found with the request, additional reimbursement is not supported for date of service March 1, 2017, code 80307.

3. The total allowable reimbursement for the services in dispute is \$842.57. The insurance carrier paid \$0.00, leaving an amount due to the requestor of \$842.57. This amount is recommended.

**Conclusion**

In resolving disputes regarding the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the division is to adjudicate the payment, given the relevant statutory provisions and division rules.

The division would like to emphasize that the findings and decision in this dispute are based on the available evidence presented by the requestor and respondent at the time of review. Even though not all the evidence was discussed, it was considered.

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 \$842.57.

**ORDER**

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$842.57, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

**Authorized Signature**

	Grayson Richardson	March 23, 2018
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 Rule §133.307.

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 form’s instructions. 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 on the form, or to the field office handling the claim.

A party seeking review of this decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. The request must include a copy of this *Medical Fee Dispute 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.