



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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AMENDED MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

David Liang, D.C.

Respondent Name

Hartford Casualty Insurance Company

MFDR Tracking Number

M4-18-3282-02

Carrier's Austin Representative

Box Number 47

MFDR Date Received

May 11, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "TESTING IS NOT INCLUDED WITH AN RE EXAM"

Amount in Dispute: \$80.94

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Documentation furnished by the provider does not meet criteria for this service."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: December 21, 2017, Manual Muscle Testing (95831 x 2), \$80.94, \$80.94

FINDINGS AND DECISION

This amended findings and decision supersedes all previous decisions rendered in this medical payment dispute involving the above requestor and respondent.

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 §133.203 sets out the fee guidelines for medical services.
3. 28 Texas Administrative Code §134.235 sets out the fee guidelines for examinations to determine the extent of a compensable injury.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - 243 – The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed.
 - 309 – The charge for this procedure exceeds the fee schedule allowance.
 - P12 – Workers’ compensation jurisdictional fee schedule adjustment.
 - 16 – Claim/service lacks information which is needed for adjudication.
 - W3 – Additional payment made on appeal/reconsideration.
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 1115 – We find the original review to be accurate and are unable to recommend any additional allowance.
 - 18 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
 - 247 – A payment or denial has already been recommended for this service.
 - 943 – Documentation does not support billed charge. No recommendation of payment can be made.
 - 18 – Exact duplicate claim/service.

Issues

1. Is the insurance carrier’s denial of payment based on bundling supported?
2. Is the insurance carrier’s denial of payment based on lack of documentation supported?
3. Is the requestor entitled to additional reimbursement? If so, in what amount?

Findings

1. David K. Liang, D.C. is seeking reimbursement for procedure code 95831 (2 units), representing “Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk.”¹

Hartford Casualty Insurance Company (Hartford) denied the service, in part with claim adjustment reason codes 97 – “PAYMENT ADJUSTED BECAUSE THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED,” and 243 – “THE CHARGE FOR THIS PROCEDURE WAS NOT PAID SINCE THE VALUE OF THIS PROCEDURE IS INCLUDED/BUNDLED WITHIN THE VALUE OF ANOTHER PROCEDURE PERFORMED.”

Billing and reimbursement policies for medical services are based on Medicare fee guidelines.² The process of bundling procedure codes, including those with the “separate procedure” designation, within workers’ compensation is based on Medicare’s National Correct Coding Initiative (NCCI). The NCCI program provides a listing of procedure-to-procedure (PTP) codes that may not be billed together.³

Dr. Liang billed the procedure code in question with a division-specific evaluation represented by procedure code 99456-W6-RE. No other billing codes were included on the submitted bills. Because procedure code 99456-W6-RE represents a service that is specific to Texas Workers’ Compensation and is not found in the NCCI-PTP listing, the disputed procedure code is not bundled within this service.

The division provides that any testing required for completion of an examination to determine the extent of a compensable injury is to be reimbursed in addition to the examination fee.⁴

The division concludes that this denial reason is not supported.

¹ AMA CPT Professional

² 28 Texas Administrative Code §133.203(b)

³ https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/ncci_correspondence_language_manual.pdf, p. 6

⁴ 28 Texas Administrative Code §134.235

2. Hartford also denied the disputed service, in part, with claim adjustment reason code 943 – “DOCUMENTATION DOES NOT SUPPORT BILLED CHARGE. NO RECOMMENDATION OF PAYMENT CAN BE MADE.”

Review of the submitted documentation finds that Dr. Liang performed muscle testing of the neck and an upper extremity. The division finds that this denial reason is not supported.

3. Because Hartford failed to support its denial of payment for the disputed service, Dr. Liang is eligible for reimbursement of this service.

Health care providers that perform medical services in an office setting apply the Medicare payment policies with minimal modifications.⁵

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. The division conversion factor for 2017 is \$57.50. The MAR for CPT code 95831, 2 units, is \$96.82. Dr. Liang is seeking \$80.94. 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 \$80.94.

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 \$80.94, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

_____	_____ Laurie Garnes _____	_____ July 24, 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, effective May 31, 2012, *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. **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.

⁵ 28 Texas Administrative Code §133.203(c)