



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

Elite Healthcare North Dallas

Respondent Name

American Interstate Insurance Co of Texas

MFDR Tracking Number

M4-18-3759-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

June 4, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "A contested case hearing was held on 9/20/17 and the carrier was court ordered to pay for the compensable injury of [REDACTED]."

Amount in Dispute: \$1,950.29

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Amersafe Risk Services Inc. received the MDR above, DWC Rule 133.307 states an MDR must be filed within one year of the DOS, the exception is under rule 13.307 and it allows 60 days from the Order to pay finalizes, in the case January 16, 2018."

Response Submitted by: Amersafe Risk Services, Inc.

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Rows include dates from May 17, 2017 to September 12, 2017, with a total row at the bottom.

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 reimbursement guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 16 – Claim/service lacks information which is needed for adjudication
 - P13 – Payment reduced or denied based on workers' compensation jurisdictional or payment policies
 - AS*E – Workers' compensation claim adjudicated as non-compensable. Carrier not liable for Claim or Service/Treatment
 - P12 – Workers' compensation jurisdictional fee schedule adjustment

Issues

1. Was the request for MFDR submitted timely?
2. What rule is applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor submitted a request for MFDR that was received by the Division on June 4, 2018. The dates of service in dispute are May 17, 2017 through September 12, 2017. 28 Texas Administrative Code 133.307 states,

(1) Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

(B) A request may be filed later than one year after the date(s) of service if:

- (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity;

Review of the submitted documents found the Administrative Law Judges' decision was signed September 20, 2017. The dates of service eligible for MFDR are shown below;

- May 17, 2017 – not eligible as submitted to MFDR after one year and after 60 days from hearing decision
- May 31, 2017 – not eligible as submitted to MFDR after one year and after 60 days from hearing decision
- June 15, 2017 through September 12, 2017 are eligible as filed within one year from the date of service.

In regard to services previously denied for compensability. The ALJ order to pay benefits in accordance Texas Workers' Compensation Act, and the Commissioner's Rules resolved the compensability issue.

2. The services in dispute are for professional medical services. The applicable Division Rule is found in 28 Texas Administrative Code (c) (1) which states in pertinent parts,

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 \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is (date of service yearly conversion factor.)

On April 1st of 2013, Medicare implemented the Medicare Multiple Procedure Payment Reduction (MPPR). The MPPR policy may be found in the CMS Claims Processing Manual 100-04, Chapter 5, section 10.7 found at www.cms.gov. The MPPR policy applies therefore the carrier's reduction does apply and was used in the calculation of the maximum allowable reimbursement shown below.

The MAR is calculated by the DWC Conversion Factor/Medicare Conversion Factor multiplied by the Medicare allowable. The calculation is as follows:

- Procedure code 99213, billed date June 15, 2017 has an allowable of \$71.37. $57.5/35.8887 \times \$71.37 = \mathbf{\$114.35}$. **This amount is recommended.**
- Procedure code 99080 -73, billed date June 15, 2017. 28 Texas Administrative Code §129.5 (i) states, "Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be **\$15. This amount is recommended.**
- Procedure code 97750 –GP, billed date June 22, 2017 for eight units was the only service billed on this date. The first unit will be paid at \$32.07 the remaining units at the reduced allowable of \$24.40. $57.5/35.8887 \times \$32.07 = \51.31 . $57.5/35.8887 \times \$24.40 \times 8 = \273.28 . $\$51.31 + \$273.28 = \$324.59$. The carrier paid \$337.63, No additional payment is due.
- Procedure code 97110, billed date August 8, 2017 for four units, has a PE of 0.45 not the highest for this date and will be paid at the reduced allowable of \$24.23. $57.5/35.8887 \times \$24.23 \times 4 = \155.28 . The carrier paid \$160.96. No additional payment is recommended.
- Procedure code 97112, billed date August 8, 2017 for two units has a PE of 0.49 the highest for this date and will be paid at the first unit will be paid at the full allowable of \$33.07 and the second unit will be paid at the reduced allowable of \$24.90. $57.5/35.8887 \times \$33.07 = \52.98 . $57.5/35.8887 \times \$24.90 = \39.89 . $\$52.98 + \$39.89 = \$92.87$. The carrier paid \$97.07. No additional payment is recommended.
- Procedure code 97140, billed date August 8, 2017 for two units has a PE of 0.41 not the highest for this date and will be paid at the reduced rate of \$22.56. $57.5/35.8887 \times \$22.56 \times 2 = \72.29 the carrier paid \$74.94. No additional payment is recommended.
- Procedure code 99213, billed date August 8, 2017 has an allowable of \$71.37. $57.5/35.8887 \times \$71.37 = \114.35 . The carrier paid \$119.06. No additional payment is due.
- Procedure code 99080 -73, billed date August 8, 2017 has a billed amount of \$15. The carrier paid \$15.00. No additional payment is due.

- Procedure code 97110, billed date August 10, 2017 for four units, has a PE of 0.45 not the highest for this date and will be paid at the reduced allowable of \$24.23. $57.5/35.8887 \times \$24.23 \times 4 = \155.28 . The carrier paid \$160.96. No additional payment is recommended.
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- Procedure code 97110, billed date August 14, 2017 for four units, has a PE of 0.45 not the highest for this date and will be paid at the reduced allowable of \$24.23. $57.5/35.8887 \times \$24.23 \times 4 = \155.28 . The carrier paid \$160.96. No additional payment is recommended.
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- Procedure code 99213, billed date September 5, 2017 has an allowable of \$71.37. $57.5/35.8887 \times \$71.37 = \mathbf{\$114.35}$. **This amount is recommended.**
- Procedure code 99080 -73, billed date September 5, 2017. 28 Texas Administrative Code §129.5 (i) states, "Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be **\$15.**" **This amount is recommended.**
- Procedure code 97110, billed date September 5, 2017 for four units, has a PE of 0.45 not the highest for this date and will be paid at the reduced allowable of \$24.23. $57.5/35.8887 \times \$24.23 \times 4 = \155.28 . The carrier paid \$160.96. No additional payment is recommended.
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3. Based on the above, the Division finds the requestor is due additional reimbursement in the amount \$258.70.

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 \$258.70.

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 \$258.70, plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this order.

Authorized Signature

		August 28, 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.