



# 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**

VED VIKAS AGGARWAL, MD

**Respondent Name**

PROTECTIVE INSURANCE COMPANY

**MFDR Tracking Number**

M4-19-4266-01

**Carrier's Austin Representative**

Box Number 17

**MFDR Date Received**

February 1, 2019

**Response Submitted By**

CorVel

#### REQUESTOR'S POSITION SUMMARY

"if you all review the Medical Record on Page 3 It is correct in showing both provider Signatures on the Medical Record Charts both Glenda Hagman PAC and Ved V Aggarwal MD are both electronically signed."

#### RESPONDENT'S POSITION SUMMARY

"The medical documentation further indicates the office visit and/or procedure was, administered by Glenda Hagman, PA-C... As such, CorVel will maintain the requestor... is entitled to \$0.00... based on failure to accurately submit medical billing data in accordance with division rules set forth for a licensed provider."

#### SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
May 28, 2019	Professional Medical Services: 99213	\$122.65	\$122.19

#### AUTHORITY

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

#### 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 fee guideline for professional medical services.
- 28 Texas Administrative Code §13.20 sets out
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - B20 – Svc partially/fully furnished by another provider.
  - W3 – Appeal/reconsideration

#### Issues

- Are the insurance carrier's reasons for denial of payment supported?
- Is the requestor entitled to additional reimbursement?

## **Findings**

1. The insurance carrier denied disputed services with claim adjustment reason code:

- B20 – Svc partially/fully furnished by another provider.

With additional payment comment: “Per Rule 133.20(e)(2) a medical bill must be submitted in the name of the licensed HCP that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care. Glenda Hagman PAC performed service.”

CorVel argues on behalf of the respondent that the medical documentation “indicates the office visit and/or procedure was, administered by Glenda Hagman, PA-C”

Rule 28 Texas Administrative Code §133.20(e)(2) requires that a medical bill must be submitted “in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care.”

Based on the information presented for review, Dr. Ved V. Aggarwal, MD is the person in whose name the medical bill was submitted. The provider name in box 31 of the bill is “VED V AGGARWAL MD.”

The rendering provider’s National Provider Identifier number in box 24-J of the bill is that of VED AGGARWAL.

Review of the medical record finds that the examination note is signed by both Ved Aggarwal, MD and Glenda Hagman PA-C. Dr. Aggarwal is a medical doctor, and Glenda Hagman is a certified physician assistant.

The health care provider asserts “It is correct in showing both provider Signatures on the Medical Record Charts both Glenda Hagman PAC and Ved V Aggarwal MD are both electronically signed.” And notes on the copy of the record itself: “Both signatures are accurate!!”

No evidence was presented or found within DWC rules prohibiting a doctor from having the assistance of a certified physician assistant while providing services. No evidence was presented or found within DWC rules or Medicare payment policies to prohibit a certified physician assistant from also signing the medical documentation for a procedure on which she assisted.

After thorough review, DWC finds the insurance carrier failed to provide sufficient evidence to support its position that Dr. Aggarwal did not perform or only provided supervision of the services for which he billed.

Based on the preponderance of the evidence, Dr. Aggarwal provided the services that were billed in his name and the disputed medical bill is thus found to meet the requirements of Rule 28 TAC §133.20(e)(2). The insurance carrier’s denial reasons are not supported. The disputed services will therefore be reviewed for payment in accordance with DWC rules and fee guidelines.

2. This dispute regards medical services with reimbursement subject to the *Medical Fee Guideline for Professional Services*, 28 Texas Administrative Code §134.203, requiring the maximum allowable reimbursement (MAR) be determined by Medicare payment policies modified by DWC rules. The MAR is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the DWC annual conversion factor.

Reimbursement is calculated as follows:

- Evaluation code 99213 has a Work RVU of 0.97 multiplied by the Work GPCI of 1.007 is 0.97679. The practice expense RVU of 1.05 multiplied by the PE GPCI of 0.986 is 1.0353. The malpractice RVU of 0.07 multiplied by the malpractice GPCI of 0.747 is 0.05229. The sum is 2.06438 multiplied by the DWC conversion factor of \$59.19 for a MAR of \$122.19.

The total allowable reimbursement for the disputed services is \$122.19. The insurance carrier paid \$0.00. The amount due is \$122.19. This amount is recommended.

## **Conclusion**

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of the division is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

The requestor has established that additional payment is due. As a result, the amount ordered is \$122.19.

**ORDER**

In accordance with Texas Labor Code Section 413.031 and 413.019 (if applicable), based on the submitted information, DWC finds the requestor is entitled to additional reimbursement. DWC hereby ORDERS the respondent to remit to the requestor \$122.19, plus accrued interest per Rule §134.130, due within 30 days of receipt of this order.

Authorized Signature

\_\_\_\_\_  
Signature

Grayson Richardson  
Medical Fee Dispute Resolution Officer

October 11, 2019  
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 TAC §133.307. The appealing party must submit a *Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision* (form DWC045M). DWC must receive the request within **twenty** days of your receipt of this decision. You may fax, mail or personally deliver the request to either the field office handling the claim or to DWC at the contact information on the form. You must send a copy to all other parties in the dispute at the same time you file the request. Include a **copy** of this **Medical Fee Dispute Decision** along with any other information required by 28 TAC §141.1(d). Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.