



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

Shih, Patrick MD

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-20-0241-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

September 26, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The policyholder presented to the emergency room for a life threatening illness or to the hospital for treatment deemed medically necessary and was treated in accordance of Emergency Medical Treatment and Active Labor Act (EMTALA)."

Amount in Dispute: \$58,571.39

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "All payable procedures billed were paid according the Texas physician fee schedule. Only CPT code 62141 was denied due to NCCI edits as payment is inclusive with CPT code 61312."

Response Submitted by: Downs Stanford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 12, 2019	99222, 61312, 62005, 15733, 62141	\$58,571.39	\$24.70

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the reimbursement for professional medical services.
- 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
 - P12 – Workers compensation jurisdictional fee schedule adjustment

- 903 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor) component code of comprehensive surgery

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. What rule is applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking additional reimbursement for physician surgical services rendered to an injured worker on April 12, 2019 in the amount of \$58,571.39.

The workers compensation carrier reduced the allowed amount based on Workers' Compensation jurisdictional fee schedule and made no payment on a service based on National Correct Coding Initiative (NCCI) edits.

28 TAC §134.203 (b) states in pertinent part, Texas workers' compensation system participants shall apply Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers, in effect the date a service is provided.

Review of the Medicare NCCI edits at www.cms.gov, found for the date of service in dispute an edit does exist between the denied code 62141 and code 61312. The use of the 59 modifier is not allowed. The insurance carrier's denial is supported. No additional payment is recommended.

The Medicare payment policy applicable to physicians billing for multiple surgeries is found at www.cms.gov, Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners, 40.6 - Claims for Multiple Surgeries and states in pertinent part,

For dates of service on or after January 1, 1995, new standard rules for pricing multiple surgeries apply. Rank the surgeries subject to the multiple surgery rules in descending order by the Medicare fee schedule amount;

Base payment for each ranked procedure on the lower of the billed amount:

- 100 percent of the fee schedule amount for the highest valued procedure; and
- 50 percent of the schedule amount for the second through the fifth highest valued procedures

The calculation based on these reductions and the applicable DWC fee schedule will be done in the next paragraph.

2. 28 TAC §134.203 (b) (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 (date of service annual conversion factor.) For Surgery when performed in a facility setting, the established conversion factor to be applied is (date of service annual conversion factor.)

The ranking based on the Medicare Physician Fee Schedule (MPFS) of the services submitted on the medical bill is;

- 61312 - \$2,196.26
- 62005 - \$1,347.25
- 15733 - \$1,097.21

Based on the above, Code 61312 will be paid at 100 percent and Codes 62005 and 15733 will be paid at 50 percent of the MPFS.

Submitted Code for Surgery performed	Allowable	MAR DWC conversion factor/MC conversion factor x MPFS allowable or 74.29/36.0391
61312	\$2,196.26	74.29/36.0391 x \$2,196.26 = \$4,527.31
62005	\$1,347.25 x 50% = \$673.63	74.29/36.0391 x \$673.63 = \$1,388.60
15733	\$1,097.21 x 50% = \$548.61	74.29/36.0391 x \$548.61 = \$1,130.89
	Total	\$7,046.80

Submitted Code for Professional Service	Allowable	MAR DWC conversion factor/MC conversion factor x MPFS allowable or 59.19/36.0391
99222	\$140.96	59.19/36.0391 x \$140.96 = \$231.51
	Total	\$231.51

3. The total allowable is \$7,278.31 the insurance carrier paid \$7,253.61. An additional payment of \$24.70 is due to the requestor.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC 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.

For the reasons above the requestor has established payment is due. As a result, the amount ordered is \$24.70.

ORDER

In accordance with Texas Labor Code Section 413.031 and 413.019 (if applicable) and based on the submitted information, DWC finds the requestor is entitled to additional reimbursement. DWC hereby ORDERS the respondent to remit to the requestor \$24.70 plus accrued interest per Rule §134.130, due within 30 days of receipt of this order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November 22, 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 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to DWC 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 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.