



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

METROPOLITAN ANESTHESIA CONSULTANTS

Respondent Name

SERVICE LLOYDS INSURANCE CO

MFDR Tracking Number

M4-20-0356-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

OCTOBER 7, 2019

REQUESTOR'S POSITION SUMMARY

"We would like to bring to your attention; this denial 'Extent of Injury' for pt.'s chronic disease reporting Hypertension ((I10)) Anesthesia for medical necessity and chronic disease reporting document patient's condition. In this case the claim denied for the I10. We verified this and with CBCS Workers Comp. Ins. Removed the I10...Now we are informed after another denial our appeal's need to be submitted within 95 days."

Amount in Dispute: \$1,908.00

RESPONDENT'S POSITION SUMMARY

"We are upholding the last reevaluation bill SLTX-107683. The bill has been reviewed to the Texas Worker's Comp regulations 133.20(b) the corrected billing DOS is 1/28/19 and Carrier received 8/22/2019 thus it was denied accordingly, because the 95th day from DOS and with no qualifying proof of timely filing documentation to support the rational of the delay."

Response Submitted by: Avidel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 28, 2019	CPT Code 01480-AA Anesthesia Services	\$1,908.00	\$704.36

FINDINGS AND DECISION

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

Background

1. 28 Texas Administrative Code §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.

3. 28 Texas Administrative Code §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
4. 28 Texas Administrative Code §133.20, effective January 29, 2009, sets out the health care providers billing procedures.
5. The services in dispute were reduced / denied by the respondent with the following claim adjustment reason codes:
 - 758-Bill was not submitted timely in accordance with DWC Chapter 133.
 - P12-Workers compensation jurisdictional fee schedule adjustment.
 - 375-A health care provider shall not submit a new or corrected medical bill later than the 95th day that the services are provided for timely filing guidelines.
 - W3-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
 - 350-Bill has been identified as a request for reconsideration or appeal.

Issues

1. Does the documentation support requestor's position that the disputed bills were submitted timely?
2. Is the requestor entitled to reimbursement for anesthesia services?

Findings

1. The requestor is seeking payment of \$1,908.00 for anesthesia services rendered on January 28, 2019.
2. According to the explanation of benefits (EOBs), the respondent denied reimbursement for the disputed services based upon reason code "375-A health care provider shall not submit a new or corrected medical bill later than the 95th day that the services are provided for timely filing guidelines."
3. To determine if the disputed anesthesia services are eligible for reimbursement the DWC refers to the following statute:
 - Texas Labor Code §408.027(a) states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."
 - 28 Texas Administrative Code §133.20(B) states, "Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation."
 - 28 Texas Administrative Code §102.4(h), states, "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is

a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.”

4. Both parties to this dispute submitted documentation for consideration in support of their position. The DWC reviewed the documentation and finds
 - The date of service in dispute is January 28, 2019.
 - The requestor wrote that they initially billed for the disputed services with the diagnosis of hypertension and then changed it. That initial bill was not submitted by either party.
 - The requestor also wrote that the initial bill was denied payment based upon extent of injury. This EOB was also not submitted by either party.
 - Both parties submitted an EOB with a processed date of September 16, 2019 that lists codes 01480-AA, 6447-59-LT, 76942-26-59, and 6445-59-LT. The EOB supports payment of \$272.98 was issued for all services except 01480-AA.
 - Both parties submitted a copy of a check dated March 5, 2019 for \$272.98 issued to Metropolitan Anesthesia Consultants.
 - The March 5, 2019 date supports a bill was submitted to the respondent within the 95 day deadline.
 - No documentation was submitted to support the respondent’s position that code 01480-AA was not timely filed.

5. 28 TAC §134.203(c)(1) states, “...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...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 \$53.68...” The DWC conversion factor for CY 2018 is \$58.31.”

Per Medicare Claims Processing Manual, Chapter 12, Physicians/Nonphysician Practitioners, Payment for Anesthesiology Services, Section (50)(G), effective January 1, 2017, states, “Actual anesthesia time in minutes is reported on the claim. For anesthesia services furnished, the A/B MAC computes time units by dividing reported anesthesia time by 15 minutes. Round the time unit to one decimal place.” The requestor billed for 134 minutes; therefore, $134/15 = 8.93 = 8.9$.

To determine the MAR the following formula is used: (Time units + Base Units) X Conversion Factor = Allowance.

The 2019 DWC conversion factor for this service is 59.19.

Code	Time Units	Base Units	MAR or §134.203 (h) Lesser of MAR billed amount	Carrier Paid	Total Due
01480	8.9	3	\$ 704.36	\$0.00	\$704.36

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 \$704.36.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$704.36 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

10/29/2019

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 Texas Administrative Code §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the DWC. **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.