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
IAN JOHN REYNOLDS MD

Respondent Name
XL INSURANCE AMERICA INC

MFDR Tracking Number
M4-20-1867-02

Carrier's Austin Representative
Box Number 19

MFDR Date Received
March 31, 2020

REQUESTOR'S POSITION SUMMARY

"The claim was denied stating service not furnished directly to the patient and or not documented. The clinical documentation was attached to the claim indicating that the injections were done. I do not understand their statement that the service was not furnished directly to the patient, what does that mean? A request for reconsideration was submitted on 03-03-2020, we receive denial on March 23, 2020 stating exact duplicate. Also states to avoid duplicate clearly state reconsideration. Request for reconsideration WAS clearly stated on the resubmission with reason for reconsideration."

RESPONDENT'S POSITION SUMMARY

"Supplemental response will be provided once the bill auditing company has finalized their review. Attached is a copy of all bills received to date, and their corresponding EOB's and payment details."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 20, 2020	CPT Codes 20551-F8 and 20551-F9	$362.00	$145.36

FINDINGS AND DECISION

By Official Order Number 2807 dated October 17, 2013, the undersigned has been delegated authority by the Commissioner to **amend** fee dispute decisions.

This Amended Findings and Decision supersedes any other medical fee dispute resolution decision issued on this matter.

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

Background

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 TAC §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 00403 – (112) Service not furnished directly to the patient and/or not documented
   - 112 – Service not furnished directly to the patient and/or not documented
   - P300 – The amount paid reflects a fee schedule reduction
   - P12 – Workers' compensation jurisdictional fee schedule adjustment
   - 00088 (18) – Exact duplicate claim/service

Issue

Is the requestor entitled to reimbursement in the amount of $362.00 for CPT codes 20551-F8 and 20551-59 rendered on January 20, 2020?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of $362.00 for CPT codes 20551-F8 and 20551-59 rendered on January 20, 2020.
2. The fee guidelines for disputed services is found at 28 TAC §134.203.
3. 28 TAC §134.203(a)(5) states, "'Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."
4. 28 TAC §134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."
5. CPT code 20551 is described as "Injection(s); single tendon origin/insertion."
6. The insurance carrier denied reimbursement based upon codes: 00403, 112, P300, 00088, 18 and P12 (defined above).
7. The January 20, 2020 report indicates the claimant underwent the following, "The patient still complains of pain in her right hand…Patient has severe flexor synovitis of the ring and little fingers… The patient had been seen by a peer review doctor who recommended injections in her tendon sheaths. Therefore, these were given with a 0.25 ml of Dep Medrol and 1 ml of 0.5% Marcaine with epinephrine."
8. Review of the submitted documentation finds that the insurance carrier's denial reasons are not supported. As a result, reimbursement is recommended.
9. Per 28 Texas Administrative Code §134.203(c)(1)(2), "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 $66.32.

   (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors,and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the DWC had been using this MEI annual percentage adjustment: The 2006 DWC conversion factor of $50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the $51.90 (with the exception of surgery) DWC conversion factor in 2007."

   To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor)

X Medicare Payment = Maximum Allowable Reimbursement (MAR).

The 2020 DWC Conversion Factor is 60.32

The 2020 Medicare Conversion Factor is 36.0896

Per the CMs 1500, the services were rendered in Friendswood, TX; therefore, the Medicare locality is "Galveston, Texas".

Using the above formula, the DWC finds the MAR is:

Code	Medicare Participating Amount	MPR of 50% Applies	MAR	Insurance Carrier Paid	Amount Due
20551-F8	$57.98	N	$96.91	$0.00	$96.91
20551-F9	$57.98	Y	$48.45	$0.00	$48.45
Total Due					$145.36

Conclusion

For the reasons stated above, the DWC finds that the requestor has established that reimbursement is due. As a result, the amount ordered is $145.36.

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 $145.36, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

Signature	Director of Medical Fee Dispute Resolution	06/30/2020 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.