



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

MCH PROFESSIONAL CARE HOSPITAL BASED

Respondent Name

BITCO GENERAL INSURANCE CORP

MFDR Tracking Number

M4-21-1904-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

JUNE 24, 2021

REQUESTOR'S POSITION SUMMARY

"Please reconsider additional payment on the enclosed invoice for date of service 1/8/2021."

Amount in Dispute: \$31.60

RESPONDENT'S POSITION SUMMARY

"It is the carrier's position that the provider has already been paid an amount consistent with the reimbursement rate for the services in question...The provider is not entitled to any additional reimbursement."

Response Submitted By: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: January 8, 2021, CPT Code 00400-QK-P3 (65 minutes) Anesthesia Services, \$31.60, \$0.00

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, (DWC).

Background

- 1. 28 Texas Administrative Code (TAC) §133.307, effective February 22, 2021 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 set out the fee guideline for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- P12-Workers compensation jurisdictional fee schedule adjustment.
- 97A-Provider appeal.
- P3-A patient with Severe Systemic Disease.
- QK-Medical direction of 2-6 anesth procedures.
- W3-Appeal/Reconsideration.

## Issues

Is the requestor entitled to additional reimbursement for code 00400-QK-P3?

## Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$31.60 for CPT code 00400-QK-P3 rendered on January 8, 2021.
2. The respondent paid \$223.37 for CPT code 00400-QK-P3 based upon the fee schedule.
3. The fee guideline for the disputed services is 28 TAC §134.203.
  - 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.”
  - 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.”
  - 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...”
4. The requestor billed the disputed anesthesiology service using the “QK” modifier that is described as “Medical direction of two, three or four concurrent anesthesia procedures involving qualified individual.”  
Medicare Claims Processing Manual, Chapter 12, Qualified Nonphysician Anesthetist and an Anesthesiologist in a Single Anesthesia Procedure Section 140.4.2, effective January 1, 2017 states, “Where a single anesthesia procedure involves both a physician medical direction service and the service of the medically directed qualified nonphysician anesthetist, the payment amount for the service of each is 50 percent of the allowance otherwise recognized had the service been furnished by the anesthesiologist alone. For the single medically directed service, the physician will use the QY modifier and the qualified nonphysician anesthetist will use the QX modifier.”
5. Per Medicare Claims Processing Manual, Chapter 12, Physicians/Nonphysician Practitioners, Payment for Anesthesiology Services Section (50)(A), effective January 1, 2017, A. General Payment Rule, “The fee schedule amount for physician anesthesia services furnished is, with the exceptions noted, based on allowable base and time units multiplied by an anesthesia conversion factor specific to that locality.”

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

The DWC reviewed the submitted anesthesia was started at 07:38 and ended at 08.28, for a total of 50 minutes.

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.” Therefore, the requestor has supported  $50/15 = 3.333 = 3.3$ .

The base unit for CPT code 00400 is 3.

The 2021 DWC Conversion Factor is \$61.17.

Using the above formula, the MAR for CPT code 00400-QX-P3 is  $3.3 + 3 = 6.3 \times 61.17 = \$385.37 \times 50\%$  for QK = \$192.69. The respondent paid \$223.27. As a result, additional reimbursement is not recommended.

**Conclusion**

For the reasons stated above, the DWC finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	Date
		7/15/2021

***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, 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 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 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 TAC §141.1(d).

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