



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ved Vikas Aggarwal, MD

Respondent Name

American Zurich Insurance Co.

MFDR Tracking Number

M4-21-2466-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 30, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 18, 2020	CPT Code 62323	\$440.42	\$434.16
	Total	\$440.42	\$434.16

Requestor's Position

"the procedure was rendered to the patient and in Good Faith should be processed."

Amount in Dispute: \$440.42

Respondent's Position

September 14, 2021: "Supplemental response will be provided once the bill auditing company has finalized their review."

September 16, 2021: "Our CV team has determined that the provider is not due any additional allowance for the disputed denial."

Response Submitted by: Gallagher Bassett Services

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 00663-Reimbursement has been calculated according to state fee schedule guidelines.
- 535-No allowance is recommended for this report charge as the report was not submitted in a timely manner per OMFS General Instructions.
- 252-An attachment/other documentation is required to adjudicate this claim/service.
- 4480-Recommended allowance has been authorized by the payor.
- 5399-Documentation does not include a copy of the images, or a statement that the images have been recorded, or that equipment cannot store images.
- 76-Disproportionate share adjustment.
- 00535-An attachment/other documentation is required to adjudicate this claim/service.
- 252-An attachment/other documentation is required to adjudicate this claim service.
- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 193-00563-Original payment decision is being maintained. Upon review, it was determined that the claim was processed properly.

Issues

1. Is American Zurich Insurance Company's denial based on missing documentation to adjudicate the claim supported?
2. Is Dr. Aggarwal entitled to reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$440.42 for CPT codes 62323 rendered on September 18, 2020.

The respondent denied reimbursement based upon reason codes "535," "252," and "5399." (description listed above)

To determine if the disputed services are eligible for reimbursement the DWC refers to the following statute:

- 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."

CPT code 62323 is described as "Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)."

Review of the Procedure Note report supports claimant underwent a "[redacted];" therefore, the respondent's denial of payment is not supported and reimbursement per the fee guideline is recommended.

2. Per 28 TAC §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 requestor noted on the CMS-1500 the Place of Service was "11" for an office setting.

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 Fort Worth TX; therefore, the Medicare locality is "Fort Worth, Texas".

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

Code	Medicare Participating Amount	MAR	Insurance Carrier Paid	Amount Due
62323	\$259.76	\$434.16	\$0.00	\$434.16

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of \$434.16 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that American Zurich Insurance Co. must remit to Dr. Ved Vikas Aggarwal \$434.16 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

10/12/2021

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

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

copy of the *Medical Fee Dispute Resolution Findings and Decision* with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.