



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Lighthouse Anesthesia,
PLLC

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-22-0360-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

October 22, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 10, 2021	CPT Code 64415-59-LT	\$136.40	\$136.40
Total		\$136.40	\$136.40

Requestor's Position

"[redacted]...and is to be reimbursed separately."

Email dated January 19, 2022: "We have not received a response or payment from the carrier for this MDR."

Amount in Dispute: \$136.40

Respondent's Position

"We will provided a supplemental response once the bill auditing company has finalized their review."

Response Submitted by: Gallagher Bassett

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, effective March 1, 2008, sets out the reimbursement guidelines for professional services.

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.
- 90573, 231-Mutually exclusive procedures cannot be done in the same day/setting.
- 6194-In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor) Component code of comprehensive surgery; Endocrine, nervous, eye and ocular adnexa, auditory systems procedure (60000-69999) has been disallowed.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is Indemnity Insurance Co. of North America's denial based on mutually exclusive procedures supported?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$136.40 for CPT code 64415-59-LT rendered on May 10, 2021.

According to the explanation of benefits, the carrier denied payment for CPT code 64415-59-LT based upon "90573, 231-Mutually exclusive procedures cannot be done in the same day/setting," and "6194-In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor) Component code of comprehensive surgery; Endocrine, nervous, eye and ocular adnexa, auditory systems procedure (60000-69999) has been disallowed."

The requestor contends reimbursement is due because "[redacted]"

The fee guidelines for disputed services is found at 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."

Per the National Correct Coding Initiative Policy Manual for Medicare Services, Chapter 2, (B)(4) effective January 1, 2021, states, "Under certain circumstances, an anesthesia practitioner may separately report an epidural or peripheral nerve block injection (bolus, intermittent bolus, or continuous infusion) for postoperative pain management when the surgeon requests assistance with postoperative pain management."

The requestor supported position that CPT code 64415-59-LT is reimbursable because was for postoperative pain management.

28 TAC §134.203(c)(1) states "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."

28 Texas Administrative Code §134.203(c)(2) states "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 Division had been using this MEI annual percentage adjustment: The 2006 Division 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) Division 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).

- Review of Box 32 on the CMS-1500 finds that the services were rendered in zip code 75218 which is located in Dallas, Texas; therefore, the Medicare locality is "Dallas, Texas."
- The carrier code for Texas is 4412 and the locality code for Dallas is 11.
- The Medicare participating amount for CPT code 64415 at this locality is \$63.89
- The Place of Service is 24-Ambulatory Surgical Care Facility.
- The DWC conversion factor for 2021 is 76.76.

The Medicare conversion factor for 2021 is 34.8931.

Using the above formula, the MAR is \$140.55 or less. The requestor is seeking a lesser amount of \$136.40. The respondent paid \$0.00. The difference between MAR and amount paid is \$136.40; this amount is recommended for reimbursement.

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 additional reimbursement \$136.40 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Indemnity Insurance Co. of North America must remit to Lighthouse Anesthesia, PLLC \$136.40 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		01/31/2022
Signature	Medical Fee Dispute Resolution Officer	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.