



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Lighthouse Anesthesia, PLLC

Respondent Name

New Hampshire Insurance Co.

MFDR Tracking Number

M4-22-0743-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 17, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 8, 2021	CPT Code 01992-AA	\$127.02	\$127.02
Total		\$127.02	\$127.02

Requestor's Position

"Our claim was billed in the amount of \$2400.00, not \$240.00. Please review the information billed on our claim, and reprocess this claim for additional payment."

Amount in Dispute: \$127.02

Respondent's Position

The Austin carrier representative for New Hampshire Insurance Co is Flahive, Ogden & Latson. Flahive, Ogden & Latson received a copy of this medical fee dispute on December 21, 2021. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information

As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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 reimbursement guidelines for professional services.

Denial Reasons

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

- 5920-Fee schedule manually priced at billed charge.
- 5283-Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies contract, or car
- 90563, 193-Original payment decision is being maintained. Upon review, it was determined that his claim was processed properly.
- W3-Additional payment made on appeal/reconsideration.

Issues

1. Is Lighthouse Anesthesia, PLLC entitled to additional reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$127.02 for CPT code 01992-AA rendered on July 8, 2021.

According to the explanation of benefits, the carrier paid \$240.00 for the disputed service based upon the fee guideline.

The fee guidelines for disputed services is found at 28 Texas Administrative Code §134.203.

28 Texas Administrative Code §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 Texas Administrative Code 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 Texas Administrative Code §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 requestor billed CPT code 01992-AA defined as "Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position."

The requestor billed the disputed anesthesiology service using the "AA" modifier that is described as "Anesthesia services performed personally by anesthesiologist."

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

The Division reviewed the submitted medical bill and finds the anesthesia was started at 1521 and ended at 1536, for a total of 15 minutes.

Per Medicare Claims Processing Manual, Chapter 12, Physicians/Nonphysician Practitioners, Payment for Anesthesiology Services Section (50)(G) states, "Actual anesthesia time in minutes is reported on the claim. For anesthesia services furnished on or after January 1, 1994, 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 15/15 = 1.

The base unit for CPT code 01992 is 5.

The DWC Conversion Factor is \$61.17.

The MAR for CPT code 01992-AA is: (Base Unit of 5 + Time Unit of 1 X \$61.17 DWC conversion factor = \$367.02. Previously paid by the respondent is \$240.00. The difference between the MAR and amount paid is \$127.02.

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 of \$127.02 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 New Hampshire Insurance Co. must remit to Lighthouse Anesthesia, PLLC \$127.02 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

03/09/2022

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.