



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Melburn K. Huebner, M.D.

Respondent Name

Star Insurance Co.

MFDR Tracking Number

M4-22-1013-01

Carrier's Austin Representative

Box Number 48

DWC Date Received

January 27, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 27, 2021	Surgical Services 29881	\$2,132.00	\$1,160.52
September 4, 2021	Examination to Determine Maximum Medical Improvement and Impairment Rating 99455-WP	\$650.00	\$0.00
Total		\$2,782.00	\$1,160.52

Requestor's Position

Surgery was done on 7-27-2021, claim was submitted on 7-28-2021. On 9-15-2021 I sent out a tracer as I had not received correspondence of any kind as to payment or denial. On 10-6-2021 I received an EOB stating that a "payment or denial had already been recommended" and that this was a duplicate claim ... I sent a reconsideration on 11-17-2021 that included past EOB's, a copy of the operative report and asked for reconsideration on the front of the bill. Today I receive notice that this was a "duplicate claim and payment or denial had already been recommended".

Amount in Dispute: \$2,782.00

Respondent's Position

The Austin carrier representative for Star Insurance Co. is Gallagher Bassett Services. The representative was notified of this medical fee dispute on February 1, 2022.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 professional services.
3. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 247 – A payment or denial has already been recommended for this service.

Issues

1. Is Star Insurance Co.'s denial of surgical charges based on a duplicate claim supported?
2. Is Melburn K. Huebner, M.D. entitled to reimbursement for the surgical services in question?
3. Is Dr. Huebner entitled to reimbursement for the examination to determine maximum medical improvement and impairment rating?

Findings

1. Dr. Huebner is seeking reimbursement, in part for a knee arthroscopy with meniscectomy performed on July 27, 2021. Per submitted explanations of benefits dated October 6, 2021, and December 3, 2021, the insurance carrier denied the charges stating that a payment or denial had already been made.

No evidence was provided of a prior payment or denial for the surgical services in question. Therefore, DWC concludes that this denial reason is not supported.

2. Because the denial of the surgical services was not supported, DWC finds that Dr. Huebner is entitled to reimbursement.

Reimbursement for physician reimbursement for the service in question is subject to 28 TAC §134.203.

28 TAC §134.203(c) 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.
- (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 place of service for the service in dispute was identified using code 22. Code 22 indicates that the service was performed in a facility setting. The documentation provided supports that services were provided in a facility setting.

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The DWC conversion factor in a facility setting for 2021 is 76.76.
- The Medicare conversion factor for 2021 is 34.8931.
- Review of Box 32 on the CMS-1500 finds that the services were rendered in zip code 79106 which is located in Amarillo, Texas; therefore, the Medicare locality is "Rest of Texas."
- The Medicare participating amount for CPT code 29881 at this locality is \$527.54.

Using the above formula, the MAR is \$1,160.52 for CPT code 29881. This amount is

recommended.

3. Dr. Huebner is also seeking reimbursement for an examination to determine maximum medical improvement and impairment rating.

According to 28 TAC §§134.250 (3), a doctor that has previously been treating the injured employee is required to bill an examination to determine maximum medical improvement with CPT code 99455. The doctor is also required to include modifier "V1," "V2," "V3," "V4," or "V5" to correspond with the last digit of the applicable office visit.

Dr. Huebner did not include the required modifier to support the charges in question. Therefore, no reimbursement can be recommended for this service.

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 \$1,160.52 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 Star Insurance Co. must remit to Melburn K. Huebner, M.D. \$1,160.52 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

April 20, 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.