



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Integrity Health Clinic

Respondent Name

Benchmark Insurance Co

MFDR Tracking Number

M4-22-1255-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

February 24, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 6, 2021	99204	\$50.00	\$29.14
	Total	\$50.00	\$29.14

Requestor's Position

Payments we receive from Sedgwick are below other comparable workers' compensation insurance companies we deal with regularly. We believe the amount billed reflects a reasonable fee for the quality of medical care provided, ensuring injured employees returned to work timely.

Amount in Dispute: \$50.00

Respondent's Position

...Pursuant to this rule, Respondent reimbursed Requestor using the Medicare payment policies.

Response submitted by: Downs Stanford, P.C.

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the billing requirements of professional medical claims.

Denial Reasons

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

- 252 – The recommended allowance is based on the value for services performed by a licensed non-physician practitioner
- 309 – The charge for this procedure exceeds the fee schedule allowance
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Is the health care provider entitled to additional payment?

Findings

1. The requestor is seeking additional reimbursement for physician assistant services rendered in August 2021. The health care provider reduced the payment for the disputed services based on the workers' compensation jurisdictional fee schedule.

[Sec. 1451.104](#) NONDISCRIMINATORY PAYMENT OR REIMBURSEMENT; EXCEPTION states, (c) Notwithstanding Subsection (a), a health insurance policy may provide for a different amount of payment or reimbursement for scheduled services or procedures performed by an advanced practice nurse, nurse first assistant, licensed surgical assistant, or physician assistant if the methodology used to compute the amount is the same as the methodology used to compute the amount of payment or reimbursement when the services or procedures are provided by a physician.

DWC Rule 28 TAC [§134.203](#) Medical Fee Guideline for Professional Services, states,

(a) (5) "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.

(b) 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.

Chapter 12 of the Medicare Claims Processing Manual states, "110 - Physician Assistant (PA) Services Payment Methodology (Rev. 2656, Issuance: 02-07-13, Effective: 02-19-13, Implementation: 02-19-13) See chapter 15, section 190 of the Medicare Benefit Policy Manual, pub. 100-02, for coverage policy for physician assistant (PA) services. Physician assistant services are paid at 80 percent of the lesser of the actual charge or 85 percent of what a physician is paid under the Medicare Physician Fee Schedule. There is a separate payment policy for paying for PA assistant-at-surgery services. See section 110.2 of this chapter."

DWC Rule 28 TAC §134.203 states in pertinent part, "(c) 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 date of service annual conversion factor."

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

- The 2021 DWC Conversion Factor is 61.17
- The 2021 Medicare Conversion Factor is 34.8931
- Per the medical bills, the services were rendered in Tyler, TX; therefore, the Medicare locality is "Rest of Texas."
- The Medicare Participating amount for CPT code(s) 99204 at this locality is \$163.39.
- Using the above formula, the DWC finds the MAR is \$286.43.
- 80% of the MAR \$286.43 = MAR amount of \$229.14.
- The respondent paid \$200.00.
- Reimbursement of \$29.14 is therefore recommended.

The DWC finds that the requestor is entitled to an additional payment amount of \$29.14. This amount is recommended.

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 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 Benchmark Insurance Co must remit to Integrity Health Clinic \$29.14 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	March 23, 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.