



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Dr. Ritesh R. Prasad

**Respondent Name**

XL Insurance America Inc

**MFDR Tracking Number**

M4-22-1300-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

October 22, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 30, 2021	CPT Code 62321	\$1,884.00	\$466.05
	<b>Total</b>	\$1,884.00	\$466.05

### Requestor's Position

"I am requesting that this claim be paid as filed as we did our jobs in getting it preauthorized and filed correctly as a clean claim, per Medicare guidelines, and trained observer was provided on the procedure flow sheet."

**Amount in Dispute:** \$1,884.00

### Respondent's Position

"CV will uphold this denial. Submitted appeal documentation does not support allowable. No additional allowance is recommended."

**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.
- 15-Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed service.
- 293-This procedure requires prior authorization and none was identified.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 90535, 252-An attachment/other documentation is required to adjudicate this claim/service.
- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 4480-Recommended allowance has been authorized by the payor.
- 5399-Documentation does not include a copy of the images, or a statement that images have been recorded, or that equipment cannot store images.

### Issues

1. Is XL Insurance America Inc. denial based on a lack of preauthorization supported?
2. Is XL Insurance America Inc. denial based on alack of documentation supported?
3. Is. Dr. Prasad entitled to reimbursement for CPT code 62321?

### Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$1,884.00 for CPT code 62321 rendered on November 30, 2021.

According to the explanation of benefits, the carrier denied payment for CPT code 62321 based upon "15-Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed service," "293-This procedure requires prior authorization and none was identified," and "4480-Recommended allowance has been authorized by the payor."

The requestor submitted a copy of the preauthorization report from Coventry dated November 2, 2021 preauthorizing CPT code 62321; therefore, the respondent's denial is not supported.

2. According to the explanation of benefits, the carrier denied payment for CPT code 62321 based upon "90535, 252-An attachment/other documentation is required to adjudicate this claim/service," "P12-Workers' compensation jurisdictional fee schedule adjustment," and "5399-Documentation does not include a copy of the images, or a statement that images have been recorded, or that equipment cannot store images."

The fee guidelines for disputed services are found in 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."

CPT code 62321 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, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)."

The submitted Procedure Note supports billed service; therefore, reimbursement is recommended.

3. 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 75701 which is located in Tyler, Texas; therefore, the Medicare locality is "Rest of Texas."
- The carrier code for Texas is 4412 and the locality code for Rest of Texas is 99.
- The Medicare participating amount for CPT code 62321 at this locality is \$265.85.
- The Place of Service is 11-Office.
- The DWC conversion factor for 2021 is 61.17.

The Medicare conversion factor for 2021 is 34.8931.

Using the above formula, the MAR is \$466.05. The respondent paid \$0.00. The difference between MAR and amount paid is \$466.05; 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 \$466.05 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 XL Insurance America Inc must remit to Dr. Ritesh R. Prasad \$466.05 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

03/22/2022

\_\_\_\_\_  
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).