



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

RITESH R PRASAD, MD

Respondent Name

INSURANCE COMPANY OF THE STATE OF PA

MFDR Tracking Number

M4-22-1768-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

April 18, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 20, 2022	64633-50 and 64634-50	\$7,040.00	\$2,729.23
Total		\$7,040.00	\$2,729.23

Requestor's Position

"This is Gallagher Bassett go to so they can deny the claim and not pay for procedures pre-authorized, and all documentation is attached needed to process the claim. Procedure codes 64633-50 and 64634-50 are never paid. The claim was denied because documentation does not include a copy of the images, or a statement that images have been recorded, or that equipment cannot store images. I have filed for medical dispute on several occasions for this exact same reason (2 for this patient) and only with Gallagher Bassett. Since Medicare does not require copies of images or the other verbiage utilized, why would a workman's comp insurance require this? 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 and per Medicare guidelines."

Amount in Dispute: \$7,040.00

Respondent's Position

"The Provider is not entitled to any additional reimbursement as noted in the Carrier's EOBs. Among the reasons is that the documentation does not include a copy of the images or a statement that the images have been recorded or that the equipment cannot store images. The Provider disagrees with the Carrier's position which is why the parties are at Medical Fee Dispute Resolution."

Response Submitted by: Flahive, Ogden & Latson

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 fee guideline for professional medical services.
3. 28 TAC §133.210 sets out the requirements for medical documentation.

Denial Reasons

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

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 252 – An attachment/other documentation is required to adjudicate this claim/service.
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement

Issues

1. Is the Insurance Carrier's denial based on lack of documentation supported?
2. What rule applies for determining reimbursement for the services in dispute?
3. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement of surgical services, CPT Codes 64633-50 and 64634-50 rendered in the physician's office (place of service 11) on January 20, 2022. The insurance carrier denied the services in dispute with denial reduction codes indicated above.

DWC Rule 28 TAC §134.203(b)(1) states in pertinent parts for coding billing, reporting and reimbursement of professional medical services, Texas Worker's compensation participants shall apply Medicare payment policies, including is coding and other payment policies in effect on the date the service is provided.

CPT Code 64633-50 is defined as "Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint."

CPT Code 64634-50 is defined as "Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)."

Modifier -50 – Bilateral Procedure.

DWC Rule §133.210 (a) states in pertinent part, medical documentation includes all medical reports and records, such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes, hospital records and diagnostic test results.

The requestor documented the disputed injections. As a result, the insurance carrier's denial for lack of required documentation is not supported. The services in dispute will be reviewed per applicable fee guideline.

2. 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 \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (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..."

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

- The 2022 DWC Conversion Factor is 76.76
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the services were rendered in zip code 75701; therefore, the Medicare locality is "Austin."

The Medicare Participating amount for CPT code 64633-50 at this locality is \$473.24.

- Using the above formula, the DWC finds the MAR is $\$854.14 \times 2(\text{bilateral}) = \$1,708.28$.
- The respondent paid \$0.00.
- Reimbursement of \$1,708.28 is recommended for date of service January 20, 2022.

The Medicare Participating amount for CPT code 64634-50 at this locality is \$282.83.

- Using the above formula, the DWC finds the MAR is $\$510.47 \times 2(\text{bilateral}) = \$1,020.95$.
- The respondent paid \$0.00.
- Reimbursement of \$1,020.95 is recommended for date of service January 20, 2022.

3. The DWC finds that the requestor is therefore entitled to \$2,729.23. As a result, 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.

The DWC finds the requester has established that reimbursement of \$2,729.23 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requestor \$2,729.23 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	<u>May 24, 2022</u>
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.