



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

E R MCANALLEY MD PA

Respondent Name

TRAVELERS INDEMNITY COMPANY

MFDR Tracking Number

M4-23-0538-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

October 28, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 20, 2022	64447-59-LT	\$139.37	\$139.37
Total		\$139.37	\$139.37

Requestor's Position

"We originally billed our claim to the carrier and the documentation for Code 64447 59 RT was included on the anesthesia record. We sent a reconsideration to the carrier noting this documentation. We received a 2nd denial stating that documentation did not support the service billed. Our provider, ER McAnalley, MD, completed a block documentation form and we submitted another reconsideration request to the carrier with a copy of the documentation. We have received another denial stating, 'original payment decision maintained.'"

Amount in Dispute: \$139.37

Respondent's Position

"The Provider contends they are entitled to additional reimbursement CPT code 64447-59-RT (anesthetic injection in the femoral nerve). The Carrier denied reimbursement as the documentation did not support the billed charge. As they have in the Request for Medical Fee Dispute Resolution, the Provider submitted hand-written and illegible notes from the procedure. The notes are not discernable as to what, if any, injection was given or why... Without substantiating documentation, the Provider is not entitled to reimbursement."

Response Submitted by: Travelers

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 (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.

Denial Reasons

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

- W3 – Bill is a reconsideration or appeal.
- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 1115 – We find the original review to be accurate and are unable to recommend any additional allowance.
- 16 – Claim/service lacks information which is needed for adjudication.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 4063 – Reimbursement is based on the physician fee schedule when a professional service was performed in the facility setting.
- 86 – Service performed was distinct or independent from other services performed on the same day.
- 5458 - The medical report does not substantiate the billed charge.

Issues

1. Is the Insurance Carrier's denial reason(s) supported?
2. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT 64447-59-RT rendered on April 20, 2022. The insurance carrier issued the disputed service due to service not documented

28 TAC §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."

The requestor billed CPT 64447-59-RT on April 20, 2022.

CPT 64447 is defined as "Injection(s), anesthetic agent(s) and/or steroid; femoral nerve,"

Modifier 59 was appended to indicate that the service is a distinct procedural service.

Modifier RT is used to identify that a procedure was performed on the right side of the body.

Review of the anesthesia record for the service in dispute documents that the requestor performed an injection with anesthetic agents, (lidocaine), as a result the disputed service was documented. The insurance carrier's denial reason is not supported. Reimbursement is recommended for CPT 64447.

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 service was rendered in 2022.
- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the services were rendered in zip code 75075; therefore, the Medicare locality is "Rest of Texas."
- The Medicare Participating amount for CPT 64447 at this locality is \$87.48.
- Using the above formula, the DWC finds the MAR is \$157.89.
- The respondent paid \$0.00.
- The requestor seeks \$139.37, applicable 28 TAC 134.203(h) states that the total reimbursement is the lesser of the maximum allowable reimbursement (MAR) and the billed amount, as a result the requestor is entitled to \$139.37.

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 requestor has established that reimbursement of \$139.37 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 \$139.37 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

January 2, 2023
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.