



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Julius Zsohar III

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-23-1839-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 28, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 20, 2022	01830 AA	\$250.68	\$250.68
Total		\$250.68	\$250.68

Requestor's Position

"The carrier issued a partial payment to us for this date of service, but not the correct allowable per the amount due by the Texas conversion factor for 2022."

Amount in Dispute: \$250.68

Respondent's Position

"The provider included in the DWC-60 packet, the carrier's EOB dated February 10, 2023. That EOB supports the carrier's payment of the amount of \$311.46. The provider is not entitled to any additional monies."

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 reimbursement guidelines for professional services including anesthesiology.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 95 – Plan procedures not followed
- P12-1 – Workers' compensation jurisdictional fee schedule adjustment
- TX790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline

Issues

1. What rule is applicable to reimbursement?

Findings

1. The requestor is seeking additional reimbursement for Code 01830 -AA defined as "Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified, modifier AA – Anesthesia Services performed personally by the anesthesiologist."

DWC Rule 28 Texas Administrative Code §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."

DWC Rule 28 Texas Administrative Code 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.

DWC Rule 28 Texas Administrative Code §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...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 annual conversion factor..."

To determine the MAR the following formula is used: (Time units + Base Units) X Conversion Factor = Allowance.

The Division reviewed the submitted anesthesia record and finds the anesthesia was started at 1305 and ended at 1435, for a total of 130 minutes.

Per Medicare Claims Processing Manual at www.cms.gov, Chapter 12, Physicians/Nonphysician Practitioners, Payment for Anesthesiology Services Section (50)(G) states, "Actual anesthesia time in minutes is reported on the claim. For anesthesia services furnished, the A/B MAC computes time units by dividing reported anesthesia time by 15 minutes. Round the time unit to one decimal place."

The anesthesia record has supported $130/15 = 8.7$.

The base unit for CPT code 01830 is 3.

The DWC Conversion Factor for 2022 is \$62.46.

The MAR for CPT code 01830 is: (Base Unit of 3 + Time Unit of 8.7 X \$62.46 DWC conversion factor = \$730.78.

The MAR is \$730.78 the insurance carrier previously paid \$311.46. The requestor is seeking \$250.68. 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. It is ordered that AIU Insurance Co must remit to Julius Zsohar III \$250.68 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 28, 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.