



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Bailey, Jason Richard

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-23-2906-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

July 17, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 12, 2023	20103, 76000	\$3,418.80	\$973.81
Total		\$3,418.80	\$973.81

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of their reconsideration that states, "Our claim was processed and reimbursed a partial payment of \$2,138.90. EOB received shows CPT codes 20103 and 76000 denied due to payment is included in the allowance for another service/procedure. ...We submitted a reconsideration on 06/08/2023 and additional payment was made on code 12042 but codes 20103 and 76000 were denied."

Amount in Dispute: \$3,418.80

Respondent's Position

The Austin carrier representative for Old Republic Insurance Co is White Espey LLC. . The representative was notified of this medical fee dispute on July 25, 2023.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available

information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Response submitted by: N/A

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 and fee guidelines for professional medical services.

Denial Reasons

The insurance carrier denied the disputed service(s) with the following claim adjustment codes shown in "Findings."

Issues

1. Are the insurance carrier's denials supported?
2. What rule(s) are applicable to reimbursement?
3. Is the requestor due payment for the services in dispute?

Findings

1. The requestor is seeking reimbursement of professional medical services rendered April 12, 2023, Specifically Codes 20103 and 76000. The insurance carrier adjudicated as follows.
 - 20103 – Explore Wound Extremity.
 - 59 – Processed based on multiple or concurrent procedure rules.
 - W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
 - B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.
 - 204 – A separate service/supply and other related service were billed on

the same day.

- 76000 – Fluoroscopy <1 hr
 - B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.
 - W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
 - P12 – Worker’s compensation jurisdictional fee schedule adjustment.
 - 59 – Processed based on multiple or concurrent procedure rules.
 - 204 – A separate service/supply and other related service were billed on the same day.

The insurance carrier denied these disputed services stating a qualifying service/procedure was not received and adjudicated.

DWC Rule 28 TAC §134.203 (b) states in pertinent part, for coding, billing, reporting, and reimbursement of professional medical services, Texas workers’ compensation system participants shall apply the Medicare payment policies, including is coding; billing; correct coding initiatives (CCI) edits.

Review of the applicable Medicare payment policy (Add-on codes) at www.cms.gov did not find supporting evidence that Codes 20103 and 76000 require a specific code to be rendered and adjudicated at the time of the procedure. The insurance carrier’s denial is not supported. The disputed services will be reviewed per applicable fee guidelines.

2. Professional medical services rendered in a facility setting are subject to provisions of DWC Rule 28 TAC §134.203(c)(1)(2) which 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. 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. 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.

The MAR (maximum allowable reimbursement) calculation for 2023 dates of service is DWC Conversion Factor/Medicare Conversion Factor multiplied by CMS Physician fee schedule amount for location of service.

Review of the submitted medical bill found the location to be Houston, Texas.

- Code 20103 - $81.38/33.8872 \times \$360.47 = \865.67
- Code 76000 - $81.38/33.8872 \times \$45.03 = \108.14

Total = \$973.81

3. The MAR for the disputed services is \$973.81. 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 reimbursement 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 Old Republic Insurance Co must remit to Baily, Jason Richard \$973.81 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

October 18, 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.