



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

WILLIAM STRINDEN, MD

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

MFDR Tracking Number

M4-18-5120-01

Carrier's Austin Representative

Box Number 45

MFDR Date Received

AUGUST 21, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Patient fell injuring both thumbs, left worse than right. Initial treatment was splinting. She returned to office with continued pain in left thumb and Dr. Strinden felt Kenalog injection was warranted. We requested authorization for kenalog injection as courtesy to let insurer know that was going on. I do not believe that office injection requires preauthorization according to the list of items requiring authorization...4 separate injections were given...Insurance is denying 3 of the injections stating that preauthorization was only granted for 1 injection."

Amount in Dispute: \$345.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Office contacted our Utilization Review Agent who confirmed the preauthorization obtained under 184195 was for 1 unit of CPT 20550. The Office reimbursed the 1 unit as authorized pursuant to the Division's rules and payment policies under Warrant # 138749366."

Response Submitted by: State Office of Risk Management

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 21, 2018	CPT Code 20550	\$0.00	\$0.00
	CPT Code 20550-59 (X3)	\$115.00/ea. X 3 = \$345.00	\$0.00
	HCPCS Code J3301	\$0.00	\$0.00
TOTAL		\$345.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600, effective March 30, 2014, requires preauthorization for specific treatments and services.
3. 28 Texas Administrative Code §137.100, effective January 18, 2007, sets out the use of the treatment guidelines.
4. 28 Texas Administrative Code §134.203 set out the fee guideline for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 197-Payment denied/reduced for absence of precertification/authorization
 - 199-Number of services exceed utilization agreement.
 - 86-Service performed was distinct or independent from other services performed on the same day.
 - W3-Additional payment made on appeal/reconsideration.

Issues

1. Does a preauthorization issue exist?
2. Is the requestor entitled to reimbursement for code 20550-59 (X3)?

Findings

1. According to the explanation of benefits, the respondent paid for one injection and denied reimbursement for the remaining three based upon a lack of preauthorization.

The requestor contends that reimbursement is due because "We requested authorization for kenalog injection as courtesy to let insurer know that was going on. I do not believe that office injection requires preauthorization according to the list of items requiring authorization."

On May 4, 2018, the requestor sought voluntary certification to establish medical necessity for a Kenalog injection. On May 9, 2018, the respondent wrote, "The request for a Kenalog injection to the left thumb is certified."

A review of the preauthorization report indicates a peer to peer was performed and the parties agreed to one injection to the claimant's left thumb; therefore, reimbursement for one injection is recommended.

2. 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."

CPT code 20550 is defined as "Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")."

Per 28 Texas Administrative Code §134.203(c)(1)(2), "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."

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

The 2018 DWC conversion factor for this service is 58.31.

Place of Service code 11 for physician's services.

The Medicare Conversion Factor is 35.9996.

Review of Box 32 on the CMS-1500 the services were rendered in Lufkin, Texas.

The Medicare participating amount for code 20550 in Lufkin, Texas is \$52.20.

Using the above formula, the MAR is \$84.55. The respondent paid \$84.55. The difference between MAR and amount paid is \$0.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Signature	Medical Fee Dispute Resolution Officer	9/26/2018 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.