



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Autumn Even Stoos

**Respondent Name**

Zurich American Insurance Co

**MFDR Tracking Number**

M4-24-1440-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

March 4, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 18, 2023	01810 AA	\$693.68	\$654.04
<b>Total</b>		\$693.68	\$654.04

### Requestor's Position

"Payment for our services has been approved, but as of today we have not received payments from the carrier, nor has the adjuster returned my call regarding this issue. Please review all documents attached and determine payment is due to our provider for this claim."

**Amount in Dispute:** \$693.68

### Respondent's Position

The Austin carrier representative for Zurich American Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 13, 2024.

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 §133.240](#) sets out the requirements for insurance carriers to take final action on medical bills.
3. [28 TAC §134.203](#) sets out the reimbursement guidelines for the disputed services.

### Denial Reasons

Neither party submitted evidence of either payment or denial for the date of service in dispute.

### Issues

1. Did the requestor support taking final action on the medical bill within 45 days after receiving a complete medical bill?
2. What rule is applicable to reimbursement.

### Findings

1. The requestor is seeking reimbursement of anesthesia service 01810 – "Anesthesia for procedures on the forearm, wrist, and hand" rendered on July 18, 2023. The requestor submitted copies of correspondence with the insurance company/adjuster regarding payment of the claim. Specifically, that payment was issued on October 17, 2023. However, the requestor indicates a payment was never received. The insurance carrier did not respond to this request for MFDR. Therefore, the Division finds that the insurance carrier did not process this claim within requirements of DWC Rule §133.240. The service in dispute will be reviewed per applicable fee guideline.
2. DWC Rule 28 TAC §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." 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 a facility setting, the established conversion factor to be applied is \$66.32...."

The requestor billed CPT code 01810 defined as "Aesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand." The requestor billed the disputed anesthesiology service using the "AA" modifier that is described as "Anesthesia services performed personally by anesthesiologist."

To determine the MAR the following formula is used: (Time units + Base Units) X Conversion Factor = Allowance. The Division reviewed the submitted medical bill and found the anesthesia was started at 11:42 and ended at 13:38, for a total of 116 minutes.

Per Medicare Claims Processing Manual, 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 on or after January 1, 1994, the A/B MAC computes time units by dividing reported anesthesia time by 15 minutes. Round the time unit to one decimal place."

Therefore, the requestor has supported  $116/15 = 7.73$  or 8

The base unit for CPT code 01810 is 3.

The DWC Conversion Factor for date of service is \$81.38 (service rendered in place of service 24/ASC or facility).

The MAR for CPT code 01810 is: (Base Unit of 3 + Time Unit of 8 X \$81.38 DWC conversion factor = \$654.04

The maximum allowable reimbursement is \$654.04. 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 for the disputed services. It is ordered that Zurich American Insurance Co must remit to Autumn Eve Stoos, \$654.04 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

May 3, 2024

Date

Signature

Medical Fee Dispute Resolution Officer

## 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).