Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:

John A. Sazy, MD
431 Omega Dr. #104
Arlington, TX 76014

MFDR Tracking #: M4-05-1877-01

DW

Injured

Da

Emp

Insuran

Respondent Name and Box #:

United States Fire Insurance Co
Rep. Box #: 53

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "We billed this as primary code. Certainly not global."

Principal Documentation:

1. DWC 60 package
2. Total Amount Sought - $627.96
3. CMS 1500s
4. EOBs

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "no further $ recommended."

Principal Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes	Denial Codes	Part V Reference	Amount Ordered
02/13/04	11011	G, 920-002, O	1, 2	$0.00
Total Due:				$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

[redacted]

1. These services were denied by the Respondent with reason code "G - Unbundling" and "920-002 - In response to a provider inquiry, we have re-analyzed the bill and arrived at the same recommended allowance" and "O – No additional payment" and per BILL NOTES, "Provider is requesting a reconsideration. Original audit globalized code 11011 into 13101-51. The bill was re-analyzed and the original audit stands. No additional allowance recommended. CPT code 11011 is global to 13101, therefore 13101 becomes primary. Debridement of wound included in complex repair per O?T (unreadable character) guidelines."
2. CPT code 11011 on this date of service is billed with CPT code 13101-51. Per Rule 134.202, CPT code 11011 is considered by Medicare to be a component procedure of the CPT code 13101, A modifier is allowed in order to differentiate between the services provided. Separate payment for the services billed may be considered justifiable if a modifier is used appropriately. The CPT code 11011 is not billed with a modifier, therefore no reimbursement is recommended to Requestor.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section 413.031 and Section 413.0311
28 Texas Administrative Code Section 134.1, Section 134.202
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is not entitled to reimbursement for the services involved in this dispute.

DECISION:

Authorized Signature	[redacted] Medical Fee Dispute Resolution Officer	11/26/07 Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

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