



# 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](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

James Weiss MD

**Respondent Name**

Houston ISD

**MFDR Tracking Number**

M4-13-0174-01

**Carrier's Austin Representative**

Box Number 21

**MFDR Date Received**

September 20, 2012

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "...the CPT codes and MAR as not bundled nor compounded and are to be billed and reimbursed separately and independently from one another. As you will note by the supporting documentation all components were preformed and billed accordingly based on the TDI-DWC Fee Guidelines and per Rule 133."

**Amount in Dispute:** \$593.56 (stated on DWC 60, total of items listed is \$605.02)

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Based on the submitted documentation, an additional allowance of \$4.59 is being recommended at this time."

**Response Submitted by:** IMO, 4100 Midway Road, Suite 1145, Carrollton, TX 75007

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 3, 2011	95900, A4556	\$593.56 (\$605.02 per items on DWC 60)	\$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**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 236 – This procedure or procedure/modifier combination is not compensable with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding initiative.
  - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

- W1 – Workers Compensation Jurisdictional Fee Schedule Adjustment.

### **Issues**

1. Did the requestor support disputed services are separately payable?
2. Is the requestor entitled to reimbursement?

### **Findings**

1. The carrier denied the disputed services as, 236 – “236 – This procedure or procedure/modifier combination is not compensable with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding initiative.” 28 Texas Labor Code §134.203(b)(1) states in pertinent part, “(b) 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; ... and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules. The NCCI Policy Manual, Chapter 11, <http://www.cms.gov>, states in pertinent part, “Use of the modifier 59 with the column two CPT codes 95900 of this NCCI edit is appropriate only if the two procedures are performed on different nerves or at separate patient encounters.” Review of the submitted documentation finds the 59 modifier was not used nor was any documentation used to support codes should be separately allowed. The carrier’s denial is supported. Procedure code A4556 was denied as 97 – “The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.” Per Centers for Medicare & Medicaid Services, [www.cms.gov](http://www.cms.gov), Durable-Medical-Equipment-DME-Center, DMEPOS Jurisdiction List, this code is not separately payable with incident to a physicians’ service. The carrier’s denial is supported.
2. Review of applicable Medicare payment policies did not allow separate reimbursement for the disputed services. No additional payment can be recommended.

### **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.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
Date

May 15, 2014

## **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.**