



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

THE SAN ANTONIO ORTHOPAEDIC GROUP

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-14-3739-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

AUGUST 26, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Dr. Marvin Brown is the supervising provider for this visit and he has signed the dictation to represent this."

Amount in Dispute: \$625.10

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requester billed codes 20610 and 76942 for an injection given on the date above. The name in Box 31 does not match the name of the physician assistant who administered the injection. Texas Mutual indicated the documentation did not support the services billed. No payment is due."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 11, 2013	CPT Code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$447.48	\$0.00
	CPT Code 20610-79 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	\$177.62	\$0.00
Total		\$625.10	\$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, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.

3. 28 Texas Administrative Code §133.20, effective January 29, 2009, sets out the rule for medical bill submission by a Health Care Provider.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
 - 225-The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
 - CAC-W3, 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
 - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 724-No additional payment after a reconsideration of services.

Issues

1. Does the documentation support billing CPT code 76942 and 20610-79?
2. Was the bill submitted in accordance with 28 Texas Administrative Code §133.20?
3. Is the requestor entitled to reimbursement?

Findings

1. According to the explanation of benefits, the respondent denied reimbursement for codes 76942 and 20610-79 based upon the service was not documented or had submission/billing errors.

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.”

On the disputed date of service the requestor billed CPT codes 76942 and 20610-79.

- CPT code 76942 is defined as “Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation.”
- CPT code 20610 is defined as “Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa).”

The requestor appended modifiers “79- Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period” to code 20610. Modifier 79 is defined as “The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79.” A review of the operative report indicates “I did aspirate the knee under ultrasound needle guidance.” The documentation does not support the use of modifier “79” as a separate unrelated procedure or service.

The respondent contends that there is a bill submission error because “The name in Box 31 does not match the name of the physician assistant who administered the injection.”

28 Texas Administrative Code §133.20(e)(2) states “A medical bill must be submitted: in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care.”

The requestor contends that reimbursement is due because “Dr. Marvin Brown is the supervising provider for this visit and he has signed the dictation to represent this.”

The Division reviewed the submitted medical records and supporting documentation and finds the following:

- Dr. Marvin R. Brown is listed in box 31 of the medical bill.
- The Encounter Summary report is signed by David Miller, PA.
- No documentation to support that David Miller, PA was an unlicensed individual providing the disputed healthcare that required Dr. Brown’s supervision.

The Division concludes that per 28 Texas Administrative Code §133.20(e)(2), reimbursement is not recommended because the rule specifies that the medical bill must be submitted by the licensed health care provider who provided the service; therefore, reimbursement is not 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

		03/27/2015
Signature	Medical Fee Dispute Resolution Officer	Date

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.