



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Texas Bone and Joint Center

Respondent Name

Wausau Underwriters Insurance

MFDR Tracking Number

M4-16-0638-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

November 9, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: No position statement submitted.

Amount in Dispute: \$3,441.03

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The charges that are being requested are being billed with codes which Medicare has chosen not to reimburse for 2015. Some of these codes have been replaced by new codes. We have included some documentation and encourage the provider to visit the Centers for Medicare and Medicaid Website for additional information."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 3, 2015	Urinary Drug Screens	\$3,441.03	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 §133.20 sets out requirements for medical bill submission by health care providers.
3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - B857 – Based on Medicare’s clinical laboratory fee schedule final determination publication, Please submit with the appropriate procedure code
 - Z710 – The charge for this procedure exceeds the fee schedule allowance
 - P300 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement
 - U301 – This item has been reviewed on a previously submitted bill, or is currently in process
 - Z652 – Recommendation of payment has been based on a procedure code which best describes services rendered
 - Z559 – Reimbursement has paid in accordance to the Texas Division of Workers Compensation Rules

Issues

1. Are the insurance carrier’s reasons for denial or reduction of payment supported?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed codes 80346, 80361, 80364, 80336, 80368, 80370, 80373, 80372, 80367, 80324, 80365, 80356, 80348, 80354, 80366, 80332, 80349, 80358, 80359, 80360, 80353, 80355 and 80345 with claim adjustment reason code B857 – “Based on Medicare’s clinical laboratory fee schedule final determination publication, Please submit with the appropriate procedure code.”

28 Texas Administrative Code §133.20(c) states, “A health care provider shall include correct billing codes from the applicable Division fee guidelines in effect on the date(s) of service when submitting medical bills.”

Review of the 2015 CPT codes finds these codes have a Status Indicator of “I” – Not valid for Medicare purposes. Review of the 2015 Clinical Laboratory Fee Schedule found at www.cms.gov finds no listings for these services in dispute. The insurance carrier’s denial reason is supported. Additional reimbursement cannot be recommended.

2. The remaining codes G0434 –QW and 83992 were paid with remark code Z710 – “The charge for this procedure exceeds the fee schedule allowance.” 28 Texas Administrative Code 134.203 (e) states,

The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,
- (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

Code G0434 -QW has an allowable of \$15.13 per the applicable fee schedule. This amount multiplied by 125% ($\$15.13 \times 125\%$) = \$18.91. Code 83992 has an allowable of \$20.00 per the applicable fee schedule. This amount multiplied by 125% ($\$20.00 \times 125\%$) = \$25.00

3. The maximum allowable reimbursement for the services in dispute is \$43.91. The carrier previously paid \$63.67. No additional payment is 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

November 30, 2015
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, 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 MFDR 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.