



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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Texas Bone and Joint Center

Respondent Name

Hartford Insurance Company

MFDR Tracking Number

M4-16-0694-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

November 16, 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: "Hartford's reimbursement was consistent with the Texas Workers' Compensation Act and Division Rules and Guidelines. Texas Bone & Joint has failed to establish it is entitled to additional reimbursement."

Response Submitted by: Burns Anderson Jury & Brenner, L.L.P.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 8, 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

- 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 insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 96 – Non-covered charge(s)
 - 582 – Based on Medicare schedule, status indicates this code is either an invalid or delete CPT/HCPCS code. Medicare uses another code for reporting of, and payment for, this code. Please re-submit the appropriate code to ensure accurate processing

- P12 – Workers’ compensation jurisdictional fee schedule adjustment
- 947 – Upheld no additional allowance has been recommended

Issues

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

Findings

1. The insurance carrier denied disputed services with claim adjustment reason code 582 – “Based on Medicare schedule, status indicates this code is either an invalid or delete CPT/HCPCS code. Medicare uses another code for reporting of, and payment for, this code.” 28 Texas Administrative Code §134.203(b) requires that

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...

Review of the submitted information finds the following;

Date of service	Submitted Code	Units	Amount billed	Procedure Status
June 8, 2015	80346	1	\$532.14	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80361	1	\$401.10	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80364	1	\$320.88	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80336	1	\$271.68	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80368	1	\$223.38	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80370	1	\$221.61	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80373	1	\$148.92	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80367	1	\$148.92	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80324	1	\$128.16	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80365	1	\$80.22	I – Not valid for Medicare purposes, Medicare uses another

				code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80356	1	\$80.22	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80348	1	\$80.22	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80354	1	\$74.46	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80366	1	\$74.46	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80332	1	\$74.46	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80349	1	\$74.46	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80358	1	\$67.35	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80359	1	\$64.08	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80360	1	\$64.08	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80353	1	\$62.49	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80355	1	\$54.27	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule
June 8, 2015	80345	1	\$44.55	I – Not valid for Medicare purposes, Medicare uses another code for reporting of, and payment for, these services Code not found on 2015 Clinical Laboratory Fee Schedule

These codes were not valid on the date of service as indicated above. The insurance carrier's denial reason is supported. Additional reimbursement cannot be recommended.

2. Pursuant to Rule 134.203 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

December , 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.