



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

Integrus Home Health Care

Respondent Name

Old Republic Insurance Company

MFDR Tracking Number

M4-16-0944-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

December 11, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We wish to appeal the partial denial of the claim..."

Amount in Dispute: \$1925.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "... payment was denied because the conditions of the billed services were not met."

Response Submitted by: Downs-Stanford, P.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 27 – June 11, 2015	Physical Therapy (G0151)	\$1925.00	\$0.00
May 19 – June 6, 2015	Occupational Therapy (G0152)		

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 §134.204 sets out the fee guidelines for division-specific services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 181 – Payment adjusted because this procedure code was invalid on the date of service.
 - 4142 – The billed service has no allowance in Texas Medicaid Home Health Agency fee schedule.

Issues

Are the insurance carrier’s reasons for denial or reduction of payment supported?

Findings

The insurance carrier denied disputed services with claim adjustment reason code 4142 – “THE BILLED SERVICE HAS NO ALLOWANCE IN TEXAS MEDICAID HOME HEALTH AGENCY FEE SCHEDULE.” 28 Texas Administrative Code §134.204 states, “To determine the MAR amount for home health services provided through a licensed home health agency, the MAR shall be 125 percent of the published Texas Medicaid fee schedule for home health agencies.”

Review of the submitted information finds that the disputed service codes, G0151 and G0152, do not have fee allowances in the Texas Medicaid fee schedule for home health agencies. The insurance carrier’s denial reason is supported. Additional reimbursement cannot 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

	Laurie Garnes	January 11, 2016
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, 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.