



**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**

MARK H. HENRY, MD

**Respondent Name**

TRAVELERS INDEMNITY CO OF AMERICA

**MFDR Tracking Number**

M4-18-4233-01

**Carrier's Austin Representative**

Box Number 05

**MFDR Date Received**

JULY 9, 2018

**REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "The attached medical records adequately support each of the services provided and is sufficient to warrant payment as set forth by the aforementioned section of the Texas Administrative Code."

**Amount in Dispute:** \$2,518.88

**RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The medical documentation submitted contains only a single line ('A pin was removed.') to support the billing for this CPT code. This does not sufficiently describe the procedure performed to support that two units of CPT code 20680 were completed. Furthermore, it does not sufficiently document that the procedure performed qualifies as a deep pin removal as opposed to CPT code 20670 (superficial removal of implants). As the Provider did not appropriately document the procedure performed, they have not shown entitlement to reimbursement."

**Response Submitted by:** William E. Weldon/Travelers

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 4, 2017	CPT Code 20680 (X2) Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	\$2,518.88	\$0.00
	CPT Code 73110-RT Radiologic Examination, Wrist; Complete, Minimum Of 3 Views	\$0.00	\$0.00
TOTAL		\$2,518.88	\$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**

1. 28 Texas Administrative Code §133.307, effective May 31, 2012 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 set out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 16-Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.
  - 59-Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.
  - 78-The allowance for this procedure was adjusted in accordance with multiple surgical procedure rules and/or guidelines.
  - 110-Service cannot be reviewed without operative report and bill.
  - W3-Additional payment made on appeal/reconsideration.

## **Issues**

Does the submitted documentation support billing code 20680 (X2)? Is the requestor entitled to reimbursement?

## **Findings**

According to the explanation of benefits, the respondent denied reimbursement for CPT code 20680 (X2) based upon "16-Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate", "110-Service cannot be reviewed without operative report and bill".

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."

- CPT code 20680-LT is defined as "Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)."

The respondent contends that reimbursement is not due because "The medical documentation submitted contains only a single line ('A pin was removed.') to support the billing for this CPT code. This does not sufficiently describe the procedure performed to support that two units of CPT code 20680 were completed. Furthermore, it does not sufficiently document that the procedure performed qualifies as a deep pin removal as opposed to CPT code 20670 (superficial removal of implants). As the Provider did not appropriately document the procedure performed, they have not shown entitlement to reimbursement."

A review of the December 4, 2017 report finds: "A pin was removed. Number of deep pins: 2."

This documentation does not describe the operative procedure defined by code 20680. The requestor did not support a deep removal of implant. As a result, reimbursement is not recommended.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that reimbursement is not 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

8/1/2018  
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.**