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
Gohel, Raka Chauhan

Respondent Name
Texas Water Conservation Assoc

MFDR Tracking Number
M4-20-0327-01

Carrier's Austin Representative
Box Number 43

MFDR Date Received
October 3, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The J7999 code was paid in a lower amount than previous payments."

Amount in Dispute: $84.26

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "York stands on the original audit results."

Response Submitted by: York

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 21, 2018 October 25, 2018 December 27, 2018 April 26, 2019	J7999	$84.26	$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 §134.203 sets out the reimbursement guidelines for the service in dispute.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - P12 – Worker's compensation jurisdictional fee schedule adjustment
   - P14 – The benefit for this service is included in the payment/allowance for another service/procedure

Issues

1. Are all the services in dispute eligible for MFDR?
2. Is the requestor entitled to additional reimbursement?

Findings

1. One of the dates of service submitted on the DWC060 is August 28, 2018.

   28 TAC 133.307 (c)(1) states: A request for medical fee dispute that does not involve issues of compensability, extent of injury or liability, medical necessity or a refund, shall be filed not later than no later than one year after the date(s) of service in dispute.

   The date of the service in dispute is August 28, 2018. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on October 3,2019.

   This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve any of the issues identified above.

   DWC concludes that the requestor has failed to timely file this dispute with DWC's MDR Section for date of service August 28, 2018.

2. The requestor is seeking additional reimbursement for Code J7999 – "Compounded drug, not otherwise classified." The insurance carrier reduced the billed amount siting the workers compensation jurisdictional fee schedule reduction.

   Review of the submitted documentation found this medication was refill of a pain pump.

   28 TAC 134.203 (d) states the maximum allowable reimbursement for Healthcare Common Procedure Coding System (HCPCS) Level II codes A, E, **J**, K, and L shall be determined by 125 percent of the DMEPOS fee schedule, 125 per percent of the Texas Medicaid fee schedule or a fee schedule amount is not found then in accordance with §134.1.

   Neither the DMEPOS fee schedule or Texas Medicaid fee schedule list a fee for Code J7999. The fee calculation is based on 28 TAC §134.1.

   28 TAC §134.1 states (f) Fair and reasonable reimbursement shall: (1) be consistent with the criteria of Labor Code §413.011; (2) ensure that similar procedures provided in similar circumstances receive similar reimbursement; and (3) be based on nationally recognized published studies, published Division medical dispute decisions, and/or values assigned for services involving similar work and resource commitments, if available.

   Review of the submitted documentation finds that:

   - The requestor has not articulated a methodology under which fair and reasonable reimbursement should be calculated.
   - The requestor did not submit nationally recognized published studies or documentation of values assigned for services involving similar work and resource commitments to support the requested reimbursement.
   - The requestor did not support that payment of the requested amount would satisfy the requirements of 28 Texas Administrative Code §134.1.

   The requirements of Rule §134.1 have not been met, additional payment cannot be recommended.

Conclusion

In resolving disputes over reimbursement for medically necessary health care to treat a compensable injury, the role of DWC is to adjudicate payment following Texas laws and DWC rules. The findings in this decision are based on the evidence available at the time of review. Even though not all the evidence was discussed, it was considered.

For the reasons above the requestor has not established payment is due. As a result, the amount ordered is $0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

		November 21, 2019
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 Rule §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to DWC 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. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.