



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

UT Health Jacksonville

Respondent Name

Texas Mutual Insurance

MFDR Tracking Number

M4-20-1656-01

Carrier's Austin Representative

Box 54

MFDR Date Received

March 5, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This initial bill was denied for timely filing. The appeal was underpaid. Texas Mutual Insurance only accepts one reconsideration request."

Amount in Dispute: \$183.57

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: None submitted.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 29, 2019	Outpatient Hospital Services	\$183.57	\$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 §134.403 sets out the reimbursement guidelines for outpatient hospital services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing has expired
 - A16 – The reimbursement for healthcare services are subject to WorkWell, Tx contracts, a certified WC HCN
 - 131 – Claim specific negotiated discount
 - 435 – Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure.

Issues

1. What rule is applicable to reimbursement?

Findings

1. The requestor is seeking additional reimbursement for outpatient hospital services rendered in April 2019. The insurance carrier’s initial denial for past timely filing was not upheld. A payment was made but the requestor feels the claim was underpaid.

28 TAC 134.403 (d) requires the application of Medicare payment policies in regards to coding and billing.

Review of the National Correct Coding Initiatives found at www.cms.gov found an edit exists between code 76881 and 93971. This insurance carrier’s denial is supported. No additional payment is 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

Signature	Medical Fee Dispute Resolution Officer	Date
		May 19, 2020

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, 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.