Division of Workers' Compensation

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Center for Pain Relief

Respondent Name
Nationwide Indemnity Insurance Co

MFDR Tracking Number
M4-21-1942-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
July 2, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 7, 2020	J7999KD	$39.61	$39.61
	Total	$39.61	$39.61

Requestor's Position

The carrier owes this provider payment for his service and we have submitted all of the necessary documents to support the service.

Amount in Dispute: $39.61

Respondent's Position

The Austin carrier representative for Nationwide Indemnity Insurance Co is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on July 6, 2021.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.503 sets out the guidelines for pharmacy services.
3. 28 TAC §134.203 sets out the fee guidelines for professional medical services.

Denial Reasons

The insurance carrier [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- 252 – An attachment/other documentation is required to adjudicate this claim/service
- 1A – A copy of an invoice showing the cost of the implant, supplies/materials, device or durable medical equipment must be received. The invoice must be specific to the patient, show cost of acquisition, and/or cost of the product or equipment

Issues

1. Is the insurance carrier's denial based on lack of documentation supported?
2. What rule(s) are applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier is denying the charge for medication dispensed through implanted infusion pump based on lack of required documentation. Review of the submitted documentation found an invoice specific to the patient and the service in dispute. The insurance carrier's denial is not supported. The service in dispute will be reviewed per applicable fee guideline.

2. DWC Rule §134.503 sets out the fee guideline for pharmacy services. However, this medication is administered through implanted durable medical equipment that is subject to Rule §134.203 (d) for Healthcare Common Procedure Coding System (HCPCS) Level II Codes which allows for reimbursement at 125 percent of the fee listed in the DMEPOS fee schedule or 125 percent of the Texas Medicaid fee schedule.

   Review of the applicable DMEPOS fee schedule found no listing for J7999-KD. Review of the Texas Medicaid fee schedule found no listing for J7999-KD.

DWC Rule §134.203 (f) states in pertinent part for products and services for which no relative value unit or payment has been assigned by Medicare reimbursement shall be provided in accordance with §134.1 of the title. However, review of the Medicare payment policy for implantable infusion pumps at https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=54100, finds direction from Medicare on compound drug reporting and medication pricing. Review of this direction finds the allowed amount per mg or mcg for Morphine Sulphate is $0.050/mg this amount by 1000mg equals $50.00.

3. The allowed amount based on the applicable Medicare coding and pricing policy is $50.00. The requestor is seeking $39.61. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement {of $39.61 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Nationwide Indemnity Insurance Co must remit to Center for Pain Relief $39.61 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	September 24, 2021 Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other

parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electronico CompConnection@tdi.texas.gov.