



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Brazos County OMS

**Respondent Name**

Tx Assoc of Counties Rmp

**MFDR Tracking Number**

M4-22-1853-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

April 26 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 18, 2021	11012	\$2938.00	\$0.00
August 18, 2021	20100	\$2813.00	\$638.36
<b>Total</b>		<b>\$5751.00</b>	<b>\$638.36</b>

### Requestor's Position

The requestor did not submit a position statement but did submit a copy of their reconsideration that states, "At this time we are requesting that the insurance reprocess the codes 11012 and 20100 as separate procedures and consider payment."

**Amount in Dispute:** \$5751.00

### Respondent's Position

"Upon an additional review of the DWC-60, TAC RMP has determined the medical bill was processed appropriately. As such, TAC RMP asserts no additional payment is warranted in this claim.

Response submitted by: Burns Anderson Jury & Brenner, L.L.P.

### 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 §134.203 sets out the fee guidelines for professional medical services.

## Denial Reasons

- 299 - This service is an integral part of total service performed and does not warrant separate procedure charge
- 4063 - Reimbursement is based on the physician fee schedule when a professional service was performed in the facility setting
- 78 – The allowance for this procedure was adjusted in accordance with multiple surgical procedure rules and/or guidelines
- 898 – In accordance with clinical based coding edits (National correct coding initiative/outpatient code editor0, component code of comprehensive surgery; Integumentary system procedure (1000-19999) has been disallowed
- 69 – Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- P13 – Payment reduced or denied based on Workers' Compensation jurisdictional regulations or payment policies

## Issues

1. Is the insurance carrier's denial supported?
2. What rule is applicable to reimbursement of disputed services?

## Findings

1. The requestor is seeking additional reimbursement of Codes 11012 and 20100 rendered on August 18, 2021, at an inpatient hospital setting. The insurance carrier denied Code 11012

based on NCCI edit.

DWC Rule 134.203 (b) (1) states in pertinent parts for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

Review of the applicable NCCI edits found at [www.cms.gov](http://www.cms.gov), found there is a bundled relationship between Codes 11012 and Code 20100. The insurance carrier's denial is supported.

The insurance carrier denied Code 20100 as qualifying service/procedure was not received/adjudicated. Review of the applicable add-on code edits also found at [www.cms.gov](http://www.cms.gov) did not find this code should be denied without the submission of another code or modifier but rather that this code may be reported separately. The insurance carrier's denial is not supported. Code 20100 will be reviewed per applicable fee guideline.

2. DWC Rule 28 TAC §134.203 (c) (1) states in pertinent part, to determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in a facility setting, the established conversion factor to be applied is (yearly conversion factor of disputed service).

The maximum allowable reimbursement is calculated as DWC Conversion Factor divided by CMS Conversion Factor multiplied by Physician Fee Schedule allowable or  $76.76/34.8931 \times \$580.37 = \$1,276.73$ . This code is subject to multiple procedure discount and will be reduced by 50% or \$638.36. 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 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services. It is ordered that Tx Assoc of Counties Rmp must remit to Brazos County OMS \$638.36 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

July 22, 2022

\_\_\_\_\_  
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](http://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](mailto: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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).