TDI 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
Arch Indemnity Insurance Co

Respondent Name
Lankford Hand Surgery Assn

MFDR Tracking Number
M4-23-0562-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
November 2, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 9, 2022	26765	$0.00	$0.00
February 9, 2022	11012	$1665.00	$0.00
	Total	$1665.00	$0.00

Requestor's Position

The requestor did not submit a position statement with this request for medical fee dispute resolution.

Amount in Dispute: $1,665.00

Respondent's Position

"It is the carrier's position that the provider is not entitled to any reimbursement beyond what the provider's already been paid."

Response submitted by: Flahive, Ogden & Latson

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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 services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 112 – Payment adjusted as not furnished directly to the patient and/or documented
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 59 – Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules
- P12 – Workers' compensation jurisdictional fee schedule adjustment

Issues

1. Is the insurance carrier's denial supported?

Findings

1. The requestor is seeking reimbursement of code 11012 – "Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone." The insurance carrier denied the claim as 90403 – 'Payment adjusted as not furnished directly to the patient and/or not documented."

   DWC Rule 134.203 (b)(1) states in pertinent part for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the 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 submitted operative report did not support the procedure described above. The insurance carrier's denial is supported. No additional payment 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 not 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.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	January 12, 2023 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.