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 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ROC HOUSTON PA
4126 SOUTHWEST FREEWAY SUITE 330
HOUSTON TX 77027

Respondent Name
TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box
Box Number 54

MFDR Tracking Number
M4-12-0792-01

MFDR Date Received
NOVEMBER 7, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "If a provider submits the two codes of an edit pair, the column 1 code is eligible for payment and the column 2 code is denied. **However, of both codes are clinically appropriate and an appropriate NCCI-associated modifier is used, the codes in both columns are eligible for payment**."

Amount in Dispute: $119.49

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor billed codes 20526 and 20550-59 for date 7/15/11. Texas Mutual paid code 20550 but not 20526 because the CCI Edits identify code 20526 as a component of 20550. (Attachment) Although the Edits do allow 20526 to have a modifier, the requestor failed to use a modifier that would allow separate payment for this code. Absent such, no payment is due."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 15, 2011	CPT Code 20526	$119.49	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted 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, effective March 1, 2008, 33 Texas Register 626, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
3. 28 Texas Administrative Code §133.4, effective July 27, 2008, 33 Texas Register 5701, requires Written Notification to Health Care Providers of Contractual Agreements for Informal and Voluntary Networks.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits
   - CAC-B5-Coverage/Program guidelines were not met or were exceeded.
   - 435-Per NCCI Edits, the value of this procedure is included in the value of the comprehensive procedure.
   - 728-The bill was reviewed/denied in accordance with your First Health Contract.
   - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
   - 724-No additional payment after a reconsideration of services.
   - 236-Code description not given.

Issues

1. Was the workers' compensation insurance carrier entitled to pay the health care provider at a contracted rate?
2. Is the allowance/benefit of CPT code 20526 included in the allowance/benefit of CPT code 20550? Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier reduced disputed services with reason code "728". Review of the submitted information found insufficient documentation to support that the disputed services were subject to a contractual fee arrangement between the parties to this dispute. The respondent did not provide a copy of the referenced contract as well as documentation to support notification to the healthcare provider, as required by 28 Texas Administrative Code §133.4, that the insurance carrier had been given access to the contracted fee arrangement. Review of the submitted information finds that the documentation does not support notification to the healthcare provider in the time and manner required. The Division concludes that pursuant to §133.4(g), the insurance carrier is not entitled to pay the health care provider at a contracted fee. Consequently, per §133.4(h), the disputed services will be reviewed for payment in accordance with applicable Division rules and fee guidelines.
2. According to the explanation of benefits, the respondent denied reimbursement for CPT code 20526 based upon reason code "435."

   CPT code 20526 is defined as "Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel."

   On the disputed date of service, the requestor billed CPT codes 99213-25, 20526-LT, 20550-59-LT, J1040 and J1040-59-LT. Per NCCI edits, CPT code 20526 is global to code 20550; however, a modifier is allowed to differentiate the service.

   A review of the submitted medical bill finds that the requestor appended modifier "LT" to CPT code 20526. This modifier does not differentiate the service from 20550; therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	01/08/2014 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

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