



# TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)  
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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Texas Health of Fort Worth

**Respondent Name**

Deep East Texas Self Insurance

**MFDR Tracking Number**

M4-17-2616-01

**Carrier's Austin Representative**

Box Number 44

**MFDR Date Received**

May 4, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "Per Rule 134.403 section E all HCPC's that are paid per the fee schedule should pay per the APC allowable at 200%..."

**Amount in Dispute:** \$180.05

### RESPONDENT'S POSITION SUMMARY

The Austin carrier representative for Insurance Co of the State of Pennsylvania is White Espey Pllc. White Espey Pllc acknowledged receipt of the copy of this medical fee dispute on May 12, 2017.

28 Texas Administrative Code §133.307(d)(1) states:

Responses. Responses to a request for MFDR shall be legible and submitted to the division and to the requestor in the form and manner prescribed by the division.

(1) Timeliness. The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile **within 14 calendar days after the date the respondent received the copy of the requestor's dispute**. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information.

Review of the documentation finds that no response has been received from White Espey Pllc to date. The Division concludes that the carrier failed to respond within the timeframe required by §133.307(d)(1). For that reason the Division will base its decision on the information available

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 4 - 5, 2016	96374	\$180.05	\$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**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient hospital services.
3. The insurance carrier reduced payment for the disputed services with the following adjustment codes:
  - 411 – National Correct Coding Initiative edit – either mutually exclusive of or integral to another service performed on the same day
  - ANSI 236 – This procedure or procedure/modifier combination is not compensable with another procedure or procedure/modifier combination provided on the same day according to the NCCI edits or work comp state regs/fee schedule requirements
  - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
  - W3

### **Issues**

1. What is the applicable rule that applies to reimbursement?

### **Findings**

1. The requestor is seeking \$180.05 for outpatient procedure rendered on May 4 -5, 2016.

The insurance carrier denied Code 96374 with adjustment reason code ANSI 236 – “This procedure or procedure/modifier combination is not compensable with another procedure or procedure/modifier combination provided on the same day according to the NCCI edits or work comp state regs/fee schedule requirements.”

The Division Rule that applies to Outpatient Hospital Services is found at 28 Texas Administrative Code §134.403. Section 134.403 (b) (3) and (d) states in pertinent part,

(b)(3) "Medicare payment policy" means reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare

and

(d) For coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided.

Review of the submitted medical bill finds the Code in dispute (96374) did not contain the modifier (59) which would have allowed an over-ride of Medicare Correct Coding Initiative edit that exists between codes 99284 and 92374. Therefore the carrier's denial is supported. No additional payment is recommended.

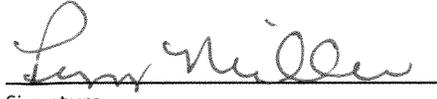
### **Conclusion**

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 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

Peggy Miller  
Medical Fee Dispute Resolution Officer

July 14, 2017  
Date

**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, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

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 the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division 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 Texas Administrative Code §141.1(d).

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