



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

PRIME DIAGNOSTIC IMAGING

Respondent Name

GREAT WEST CASUALTY COMPANY

MFDR Tracking Number

M4-18-4329-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

July 16, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We disagree with your decision that procedure codes 64493 TC, 64494 TC, and 64495 TC is invalid. Medicare allows for CPT procedures 64493, 64494, and 64495. Per the American Medical Association, this procedure allows for both the technical and professional components to be billed. Modifier TC is used to represent the technical component of the bill. Prime Diagnostic Imaging is billing for the TC portion of this bill. Per NCCI Edits, both technical and professional components are billable and payable for procedure code 64493, 64494, and 64495 and modifiers, TC and professional. Both components have been recently paid by the Reny Company. Please revise for further processing of our bill."

Amount in Dispute: \$5,294.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier did not submit a position summary with the DWC060 response. Accordingly, this decision is based on the information available at the time of review.

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
January 8, 2018	64493-TC x 2, 64494-TC x 2 and 64495-TC x 2	\$5,294.00	\$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 §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 236 – This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the NCCI or Workers Compensation State
 - 59 – Processed based on multiple or concurrent procedure rules
 - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
 - Note: Per documentation service rendered in place of service 11, MD has already been reimbursed charge for whole procedure. Modifier 26 or TX are not necessary for procedures rendered

Issue(s)

1. What are the Medicare payment policies for the disputed services?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes 64493-TC, 64494-TC and 64495-TC. The insurance carrier denied the disputed services with denial reduction codes, 236, 59, and 97.

28 Texas Administrative Code §134.203 (b) states in pertinent part, “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) 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 CMS.gov, Physician’s Fee Schedule, indicates that CPT Codes 64493, 64494 and 64495 has a PC/TC modifier indicator of “0”. The CMS Pub 100-04 Medicare Claims Processing Manual states in pertinent part,

Professional Component (PC)/Technical Component (TC) Indicator

0 = Physician service codes: This indicator identifies codes that describe physician services. Examples include visits, consultations, and surgical procedures. The concept of PC/TC does not apply since physician services cannot be split into professional and technical components. Modifiers 26 & TC cannot be used with these codes.

2. Review of the submitted documentation finds that the requestor is not entitled to separate reimbursement for CPT Codes 64493, 64494 and 64495 billed with a TC modifier. Per Medicare coding guidelines, separate reimbursement is not warranted for the disputed charges. As a result, \$0.00 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 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	April 25, 2019 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 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 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 §141.1(d).

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