



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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

TEXAS BACK INSTITUTE

Respondent Name

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

MFDR Tracking Number

M4-19-3479-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

March 19, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "providers often use fluoroscopy to view body structures while performing procedures."

Amount in Dispute: \$66.18

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The fluoroscopy is an integral part of the epidural steroid injection and reimbursement for the fluoroscopy is included in the reimbursement for the primary injection procedure."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Dispute Amount, Amount Due. Row 1: January 8, 2019, Professional Medical Services, \$66.18, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and 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 sets out the fee guideline for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 97 - THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- 298 - THE RECOMMENDED ALLOWANCE IS BASED ON THE VALUE FOR THE PROFESSIONAL COMPONENT OF THE SERVICE PERFORMED.
- 4063 - REIMBURSEMENT IS BASED ON THE PHYSICIAN FEE SCHEDULE WHEN A PROFESSIONAL SERVICE WAS PERFORMED IN THE FACILITY SETTING.
- 86 - SERVICE PERFORMED WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY.
- 243 - THE CHARGE FOR THIS PROCEDURE WAS NOT PAID SINCE THE VALUE OF THIS PROCEDURE IS INCLUDED/BUNDLED WITHIN THE VALUE OF ANOTHER PROCEDURE PERFORMED.
- W3 - ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.

- 16 – CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVISE REMARKS CODES WHENEVER APPROPRIATE.
- 974 – THIS PROCEDURE IS INCLUDED IN THE BASIC ALLOWANCE OF ANOTHER PROCEDURE
- T253 – DOCUMENTATION DOES NOT CONTAIN RECOMMENDED AMA ELEMENTS FOR REPORTING OR REIMBURSEMENT OF 72275.

Issues

Is the requestor entitled to additional reimbursement?

Findings

This dispute regards fluoroscopy with reimbursement subject to the *Medical Fee Guideline for Professional Services*, 28 Texas Administrative Code §134.203, requiring the maximum allowable reimbursement (MAR) be determined by Medicare payment policies modified by DWC rules.

Per Medicare policy, procedure code 72275-26-59 may not be reported with code 64483 billed on this same date. Procedure code 64483 is defined as "injection of anesthetic agent or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level." According to the definition of the procedure and Medicare's payment policies regarding Correct Coding Initiative (CCI) edits, fluoroscopy is an integral component of this service; payment for fluoroscopy is included in the reimbursement for code 64483. Separate payment may be justified if an appropriate modifier is billed. Although the provider billed the code with modifier -59 (distinct procedural service), upon review of the medical record, no support was found for use of modifier -59. None of the necessary criteria were documented that might distinguish separate services or justify additional payment. The documentation does not support a different session, different surgery, different anatomical site, organ system, or separate injury not ordinarily encountered or performed on the same day by the same physician. Separate payment cannot be 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

_____	Grayson Richardson	April 12, 2019
Signature	Medical Fee Dispute Resolution Officer	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.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form DWCO45M) in accordance with the form's instructions. 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 on the form, or to the field office handling the claim.

A party seeking review of this decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. The request must include a copy of this *Medical Fee Dispute 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.