



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

South Texas Radiology

Respondent Name

ACIG

MFDR Tracking Number

M4-19-5186-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

August 13, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...code A9579 remains denied as bundled. Please help us get final adjudication."

Amount in Dispute: \$34.90

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "As reflected in the attached EOB, ACIG properly reimbursed South Texas Radiology Imaging Center in accordance with the Division Fee Guidelines."

Response Submitted by: Burns Anderson Jury & Brenner

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: February 26, 2019, A9579, \$34.90, \$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 sets out the reimbursement guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- P14 - Pymt included in another svc/proc same day
- RP3 - CMS statutory exclusive/svc not paid to physicians

**Issues**

- 1. Is the insurance carrier’s denial of the disputed service supported?

**Findings**

- 1. The requestor is seeking additional reimbursement for code A9579 - Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (nos), per ml provided in the physician’s office on February 26, 2019. The insurance carrier denied disputed service stating the service is bundled into the primary procedure.

28 TAC 134.203 (b) (1) states,

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;

Review of the Medicare payment policy found this code has a status of “X” – Statutory exclusion.

Based on the above, the insurance carrier’s denial is supported. No additional payment is due.

**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

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
September 25, 2019  
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.**