



# 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 IMAGING

**Respondent Name**

STATE OFFICE OF RISK MANAGEMENT

**MFDR Tracking Number**

M4-20-2991-01

**Carrier's Austin Representative**

Box Number 45

**MFDR Date Received**

August 25, 2020

**Response Submitted By:**

SORM

#### REQUESTOR'S POSITION SUMMARY

"We mailed our claim to State Office of Risk Management before the 95th day for timely filing. State Office of Risk Management returned our claim for missing license numbers. We mailed a request for reconsideration. Then our claim was denied for timely filing. We have submitted a request for reconsideration & this denied also. Please help us with final adjudication. Thank you."

#### RESPONDENT'S POSITION SUMMARY

"Further review of the claim file found that the Office's first receipt of a complete medical bill was received on 4/20/20 where an audit was performed, and charges were denied for 29-Time limit for filing has expired as it was received on the 104th day from date of service. Further review found the Office received a request for consideration on 7 /20/20 where an audit was performed, and charges were maintained and denied for 29-time limit for filing has expired. The Office reviewed the dispute packet and did not locate supporting legible documentation that met the exceptions in §408.0272. Therefore, the Office will maintain our denial for CARC code 29-Time limit for filing has expired."

#### SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
January 8, 2020	73721-RT and 73721-LT	\$740.96	\$584.69

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code (TLC) §413.031 and all-applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

#### Background

- 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
- 28 TAC §133.20 sets out the medical bill submission procedures for health care providers.
- 28 TAC §102.4 sets out the rules for non-Commission communications.
- TLC §408.027 sets out the rules for timely submission of claims by health care providers.
- TLC §408.0272 provides for certain exceptions to untimely submission of a medical bill.
- The insurance carrier denied/reduced the disputed service(s) with reduction code(s):
  - 29—The time limit for filing has expired

## Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. What rules apply to reimbursement of radiology services?
3. Is the requestor entitled to reimbursement for the disputed services?

## Findings

1. This dispute involves dates of service January 8, 2020. The dispute was filed to TDI-DWC MFDR on August 25, 2020. The insurance carrier denied the disputed services with denial reduction code "29-The time limit for filing has expired." TDI-DWC addresses the issue as follows:
  - The requestor performed the service in San Antonio, Texas .
  - On March 13, 2020, Governor Greg Abbott declared COVID-19 a statewide public health disaster. In response to the Governor's declaration, DWC issued Commissioner's Bulletin #B-0010-20. The bulletin states in pertinent part: "Tolling of medical billing deadlines. Failure to submit a timely medical bill will be deemed an exception due to a catastrophic event under Labor Code Section 408.0272 (b)(2)."
  - Texas Labor Code §408.0272 (b) (2) states, "(b) Notwithstanding Section [408.027](#), a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section [408.027](#)(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if... (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider."
  - MFDR's obligation under the Governor's Proclamations and the Commission's Bulletin is to accept date of service January 8, 2020, as timely because the 95-day filing deadline, in this case, is tolled. The insurance carrier raised no other defenses during the medical bill review process, as a result, requestor is entitled to reimbursement for the disputed services.
2. The requestor seeks \$740.96 for CPT codes 73721-RT and 73721-LT, rendered on January 8, 2020.

Per 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..."

CPT Code 73721 is defined as "Magnetic resonance (eg, proton) imaging, any joint of lower extremity."

CMS MLN Matters MM7747 states in pertinent part, "The MPPR (Multiple Procedure Payment Reduction) on diagnostic imaging applies when multiple services are furnished by the same physician to the same patient, in the same session, on the same day... Full payment is made for each PC and TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 75 percent for subsequent PC services furnished by the same physician, to the same patient, in the same session, on the same day. Payment is made at 50 percent for subsequent TC services furnished by the same physician, to the same patient, in the same session on the same day."

The fee guideline for radiology services is found at 28 TAC §134.203.

Per 28 TAC §134.203(c)(1)(2), To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors and shall be effective January 1st of the new calendar year..."

  - To determine the MAR for CPT Code [73721-RT](#), the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).
  - The 2020 DWC conversion factor for this service is 60.32
  - The Medicare Conversion Factor is 36.0896
  - Review of Box 32 on the CMS-1500 the services were rendered in zip code 78251, which is in San Antonio, Texas. Therefore, the Medicare participating amount will be based on the reimbursement for "Rest of Texas".
  - The Medicare Participating Amount for Professional Component is \$221.94. Using the above formula, the Division finds the MAR is \$370.95.

To determine the MAR for CPT code 73721-LT, the MPPR for diagnostic imaging applies and is subject to payment at 75% for subsequent PC services and 50% payment for TC services furnished by the same physician, to the same patient, in the same session, on the same day.

Submitted Code	Amount in Dispute	Medicare Allowable PC	Medicare Allowable TC	TDI=DWC Conversion Factor / Medicare Conversion Factor) x Non-Facility Price
73721	\$370.48	\$67.65		$60.32 \times 36.0896 \times 67.65 = \$113.07 \times 75\% = \$84.80$
			\$154.29	$60.32 \times 36.0896 \times 154.29 = \$257.88 \times 50\% = \$128.94$
TOTAL				$\$84.80 + \$128.94 = \text{MAR } \$213.74$

The DWC finds that the requestor is entitled to reimbursement as follows:

- CPT Code 73721-RT reimbursement is recommended in the amount of \$370.95
- CPT Code 73721-LT reimbursement is recommended in the amount of \$213.74
- Total recommended reimbursement amount of \$584.69

3. The DWC finds that the requestor is therefore entitled to a total reimbursement amount of \$584.69, therefore this amount is recommended.

### **Conclusion**

For the reasons stated above, the DWC finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$584.69.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of TLC Sections 413.031 and 413.019 (if applicable), the DWC has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The DWC hereby ORDERS the respondent to remit to the requestor the amount of \$584.69 plus applicable accrued interest per 28 TAC §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	September 25, 2020 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 TAC §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed, or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all parties involved in the dispute at the same time the request is filed with the DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** along with any other required information specified in 28 TAC §141.1(d).

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