



# 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 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

AZALEA ORTHOPEDIC & SPORTS MEDICINE

**Respondent Name**

ZURICH AMERICAN INSURANCE CO

**MFDR Tracking Number**

M4-21-0303-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

OCTOBER 21, 2020

#### REQUESTOR'S POSITION SUMMARY

"I was informed that the true denial reason is that Gallagher Bassett needs a copy of the permanent images or a note that the images are stored or recorded. Also...proof of an independently trained person observing the Claimant under moderate anesthesia to reimburse CPT code 99152. We then submitted an appeal with the full medical record, which discusses the diagnostic imaging provided...the enclosed medical records are sufficient to support payment in accordance with the fee guidelines."

**Amount in Dispute:** \$1,002.00

#### RESPONDENT'S POSITION SUMMARY

"We are also attaching the carrier's EOB dated November 4, 2020 that recommended reimbursement of \$18.31 it provides an explanation for the reimbursement amount. CPT 62323-Documenttion does not include a copy of the images, or a statement that images have been recorded, or that equipment cannot store images...CPT 99152- Documenttion does not provide proof of an independent, trained, observer presence to monitor the patient during the moderate sedation... CPT 72100-This charge has been re-evaluated. Documentation supports Radiological examination."

Response Submitted by: Flahive, Ogden & Latson

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 5, 2019	CPT Code 62323	\$681.00	\$502.05
	CPT Code 99152	\$201.00	\$0.00
	CPT Code 72100-26	\$120.00	\$0.18
TOTAL		\$1,002.00	\$502.23

## ***FINDINGS AND DECISION***

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

### **Background**

1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012 sets out the procedures for resolving a medical fee dispute.
2. 28 TAC §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 services in dispute were reduced/denied by the respondent with the following reason codes:
  - 112-Payment adjusted as not furnished directly to the patient and/or not documented.
  - 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
  - P12-Workers' compensation jurisdictional fee schedule adjustment.
  - 252-An attachment/other documentation is required to adjudicate this claim/service.
  - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

### **Issues**

Is the requestor entitled to reimbursement for CPT codes 62323, 99152 and 72100-26 rendered on November 5, 2019?

### **Findings**

1. The requestor is seeking medical fee dispute resolution in the amount of \$1,002.00 for CPT codes 62323, 99152 and 72100-26 rendered on November 5, 2019.
2. To determine if the disputed services are eligible for reimbursement the DWC refers to the following statute:
  - 28 TAC §134.203(a)(5) states, "Medicare payment policies' when used in this section, shall mean 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."
  - 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; 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."
3. The disputed services are described as:
  - 62323- Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT).
  - 99152- Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older.
  - 72100- Radiologic examination, spine, lumbosacral; 2 or 3 views. The requestor appended modifier 26 - Professional component to code 72100.
4. CPT code 62323:

The respondent denied reimbursement for CPT code 62323 based upon reason codes "B12," "P12," and "112. (code description listed above)

Review of the Pain Management Procedure Report supports claimant underwent a "Lumbar Interlaminar Epidural Injection. The requestor supported billing CPT code 62323; therefore, payment per the fee guideline

is recommended.

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. The following hypothetical example illustrates this annual adjustment activity if the DWC had been using this MEI annual percentage adjustment: The 2006 DWC conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) DWC conversion factor in 2007."

To determine the MAR the following formula is used:  $(\text{DWC Conversion Factor} / \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{Maximum Allowable Reimbursement (MAR)}$ .

The 2019 DWC Conversion Factor is 74.29

The 2019 Medicare Conversion Factor is 36.0391

Per the CMs 1500, the services were rendered in Tyler, TX; therefore, the Medicare locality is "Rest of Texas".

Medicare Participating Amount at this locality is \$243.55.

Using the above formula, the DWC finds the MAR is \$502.05. The respondent paid \$0.00. The requestor is due \$502.05.

5. CPT Code 99152:

The respondent denied reimbursement for CPT code 99152 based upon reason codes "B12," "P12," and "112. (code description listed above)

The requestor wrote on the Pain Management Procedure Report "The patient was appropriately monitored and assessed for pain relief." This statement does not support billing CPT code 99152; therefore, the respondent's denial of payment is supported.

6. CPT code 72100:

The respondent initially denied reimbursement for CPT code 72100-26 based upon "unbundling". Upon reconsideration this denial was not maintained and payment of \$18.31 was issued.

The 2019 DWC Conversion Factor is 59.19

The 2019 Medicare Conversion Factor is 36.0391

Per the CMs 1500, the services were rendered in Tyler, TX; therefore, the Medicare locality is "Rest of Texas".

Medicare Participating Amount at this locality is \$11.26.

Using the above formula, the DWC finds the MAR is \$18.49. The respondent paid \$18.31. The requestor is due \$0.18.

### **Conclusion**

For the reasons stated above, the DWC finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$502.23.

**ORDER**

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$502.23, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

**Authorized Signature**

\_\_\_\_\_  
Signature

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

11/18/2020  
Date

***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, 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 other 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*** 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.**