



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

AZALEA ORTHOPEDIC & SPORTS MEDICINE

Respondent Name

NEW HAMPSHIRE INSURANCE COMPANY

MFDR Tracking Number

M4-21-0423-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

November 12, 2020

Response Submitted by:

Flahive, Ogden & Latson

REQUESTOR'S POSITION SUMMARY

"Dr. Michaels provided pain management injections at the Baylor Scott & White, dba Texas Spine & Joint Hospital facility. Azalea Orthopedics billed Gallagher Bassett, but the bill was denied due to the services not being documented in the medical records. Azalea Orthopedics appealed this denial, but their Request for Reconsideration was denied. After speaking with a Gallagher Bassett representative, 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. However, our position is this denial is invalid because the second page of the Pain Management Procedure Report states 'Multiple plain film x-rays of the lumbar spine were taken and reviewed ...' which properly documents the images obtained."

RESPONDENT'S POSITION SUMMARY

"The provider filed a DWC-60 seeking Medical Fee Dispute Resolution for a date of service of November 13, 2019. The provider is seeking reimbursement under three CPT codes for a total of \$1,511. The carrier has processed the provider's bills on numerous occasions. We are attaching a copy of the CMS-1500s and the EOBs. The EOBs are dated December 5, 2019, January 22, 2020, and March 27, 2020. The carrier's EOBs explain the carrier's position."

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
November 13, 2019	64483-RT, 64484-RT, and 72100-26	\$1,511.00	\$654.11

FINDINGS AND DECISION

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

Background

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
3. 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.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 00535 & 252 – An attachment/other documentation is required to adjudicate this claim/service.
 - P12 – Workers' compensation jurisdictional fee schedule adjustment
 - P300 – The amount paid reflects a fee schedule reduction.
 - 00137 & 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - W3 – Request for reconsideration

Issue(s)

1. What are the disputed services?
2. Are the insurance carrier's denial reasons supported?
3. Is the insurance carrier's denial reason for CPT Code 72100-26 supported?
4. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for disputed services 64483-RT, 64484-RT and 72100-26 rendered on November 13, 2019. The insurance carrier denied/reduced the disputed service(s) with denial reduction code(s), 97, 252, P12 and P300 (description provided above).

28 TAC §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."

CPT Code 64483 is defined as "Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level."

CPT Code 64484 is defined as "Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)."

CPT Code 72100-26 is defined as "Radiologic examination, spine, lumbosacral; 2 or 3 views."

Modifier 26 is defined as professional component. When the physician or other qualified health care professional provides the professional component it is reported separately, by adding modifier 26 to the procedure number.

2. The insurance carrier denied the services in dispute with denial reduction code 97. Per 28 TAC §134.203 (b), "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."

The DWC completed NCCI edits to determine if the insurance carrier's denial reason of 97 was supported. The DWC found the following for CPT Codes 6443, 64484 and 72100-26:

"Per Compliance Editor, this charge line did not trigger edits and is considered clean. This charge line is subject to payer review."

The DWC found no CCI edit conflicts that could potentially affect reimbursement. As a result, the insurance carrier's denial reason of 97 is not supported and the services in dispute are subject to 28 TAC §134.203.

3. The requestor seeks reimbursement for CPT Code 72100-26 denied with denial reduction code 252. The requestor appended modifier 26 to identify that only the interpretation of the x-ray was performed. However, the requestor did not include a copy of the interpretation of the x-ray report with the dispute request. As a result, the DWC finds that the insurance carrier's denial reason is supported and therefore, the requestor is not entitled to reimbursement for CPT Code 72100-26.

4. 28 TAC §134.203 states in pertinent part, “(c) 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 the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- Locality “Rest of Texas”
- The 2019 DWC conversion factor 74.29
- The 2019 Medicare conversion factor is 36.0391
- The MAR reimbursement for CPT Code 64483 is \$455.93
- The MAR reimbursement for CPT Code 64484 is \$198.18
- The insurance carrier paid \$0.00. The difference between the MAR and the amount paid is \$654.11; this amount is recommended for reimbursement.

Review of the submitted documentation finds that the requestor is entitled to a total reimbursement amount of \$654.11 for CPT Codes 64483 and 64484.

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 \$654.11.

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 \$654.11 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

December 3, 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 TAC §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 DWCO45M** 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 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 DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together 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.