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
SOUTH TEXAS RADIOLOGY GROUP

Respondent Name
AMERICAN ZURICH INSURANCE COMPANY

MFDR Tracking Number
M4-21-0748-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
January 7, 2021

Response Submitted By
Flahive, Ogden & Latson

REQUESTOR'S POSITION SUMMARY

"Patient provided Workers Comp information at the time of service. Now our claim and request for reconsideration are being denied based on Lack of Authorization. We mailed a request for reconsideration & this was also denied. We would like help to get final adjudication on the claim."

RESPONDENT'S POSITION SUMMARY

"The medical procedural code under the range - diagnostic radiology (diagnostic imaging) procedures of the spine and pelvis. The 26 modifier is for the doctor reading the report. However, the carrier never received a bill for a CT of the spine nor the CT chest spine. We are attaching a copy of the provider's CMS-1500 and the carrier's EOR. Having not received the bill for the CT of the lumbar spine and the CT of the chest spine, it is premature for the provider to have billed the carrier for reading the report."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 30, 2020	72131-26 and 72128-26	$166.52	$166.52

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 (DWC).

Background

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203, effective March 1, 2008, sets the reimbursement guidelines for professional services.
3. The insurance carrier reduced/denied payment for the disputed services with the following claim adjustment reason codes:
    - 39 – Services denied at the time authorization/pre-certification was requested.
    - P12 – Workers compensation jurisdictional fee schedule adjustment.

Issues

Is the requestor entitled to reimbursement for CPT codes 72131-26 and 72128-26?

Findings

1. The requestor seeks reimbursement for CPT Codes 72131-26 and 72128-26 rendered on April 30, 2020. The insurance carrier denied the disputed services due to lack of preauthorization.

   28 TAC §134.600 states in pertinent part, "(p) Non-emergency health care requiring preauthorization includes: (10) chronic pain management/interdisciplinary pain rehabilitation… (8) unless otherwise specified in this subsection, a repeat individual diagnostic study: (A) with a reimbursement rate of greater than $350 as established in the current Medical Fee Guideline…"

   28 TAC §134.600 states in pertinent part, "(c) The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care."

   The requestor included preauthorization [redacted] with the DWC060 request indicating that the disputed services were preauthorized. The DWC finds that although the requestor did not include a copy of the preauthorization letter to support that preauthorization was obtained, preauthorization was not required for the disputed CPT Codes per 28 TAC §134.600 (p)(8)(A). Therefore, the disputed services are subject to review pursuant to 28 TAC §134.203.

2. The fee guidelines for professional services are found in 28 TAC §134.203.

   CPT code 72131-26 is defined as "CT lumbar spine w/o dye."

   CPT code 72128-26 is defined as "CT Chest spine w/o dye."

   The requestor appended modifier "26-Professional component" to CPT Codes 72131and 72128.

   A review of the submitted report supports the billed services; therefore, reimbursement 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 Division had been using this MEI annual percentage adjustment: The 2006 Division 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) Division conversion factor in 2007.

   To determine the MAR 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 78229, which is located in "Rest of Texas." Therefore, the Medicare participating amount will be based on the reimbursement for "Rest of Texas."

The Medicare Participating Amount for the (-26) Professional Component of CPT Code 72131 is $83.54.

The Medicare Participating Amount for the (-26) Professional Component of CPT Code 72128 is $83.54

Using the above formula, the Division finds the total MAR is $167.08. The respondent paid $0.00. The requestor seeks $166.52; therefore, this amount is due.

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 $166.52.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code 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 $166.52 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		February 9, 2021
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 28 Texas Administrative Code §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 **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 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 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.