



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

OLD REPUBLIC INSURANCE CO

MFDR Tracking Number

M4-21-1546-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

MAY 4, 2021

REQUESTOR'S POSITION SUMMARY

"Supporting documentation has been sent to the carrier with original bill...and with all reconsideration submissions."

Amount in Dispute: \$1,088.00

RESPONDENT'S POSITION SUMMARY

"Our bill audit company has determined additional monies are owed in the amount of \$18.82. Interest in the amount of \$.46 has been issued."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: July 1, 2020, CPT Codes 62321,99152 and 72040-26, \$1,088.00, \$256.34

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, effective February 22, 2021, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason code:
- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 170-Reimbursement is based on the outpatient/inpatient fee schedule.
- 00137, 97-Payment adjusted because the benefit for this service is included in the

payment/allowance for another service/procedure that has already been adjudicated.

- 252,00535-An attachment/other documentation is required to adjudicate this claim/service.
- 00403, 112-Payment adjusted as not furnished directly to the patient and/or not documented.
- 5320-Documentation does not provide proof of an independent, trained, observer's presence to monitor the patient during the moderate sedation.
- B13-Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly the first time.

Issues

Is the requestor entitled to reimbursement for CPT codes 62321,99152 and 72040-26 rendered on July 1, 2020?

Findings

1. The requestor is seeking medical dispute resolution in the amount of \$1,088.00 for CPT codes 62321,99152 and 72040-26 rendered on July 1, 2020.
2. The respondent denied reimbursement for code 72040-26 based upon reason codes "00137, 97- Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."

CPT code 72040 is described as "Radiologic examination, spine, cervical; 2 or 3 views." The requestor appended the 26-Professional component modifier to this code.

The fee guidelines for disputed service is found in 28 TAC §134.203.

28 TAC §134.203(b) 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..."

On the disputed date of service, the requestor billed CPT codes 62321, 72040-26 and 99152. Per CCI edits, CPT code 72040-26 is not bundled to either 62321 or 99152; therefore, the respondent's denial based upon 00137 and 97 is not supported. The DWC finds the requestor is due reimbursement for code 72040-26.

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 place of service is 22-On campus Outpatient Hospital.

The 2020 DWC Conversion Factor is 75.70

The 2020 Medicare Conversion Factor is 36.0896

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

The Medicare participating amount at this locality is \$11.26.

Using the above formula, the DWC finds the MAR is \$23.62. The respondent paid \$18.82. The requestor is due the difference between MAR and amount paid of \$4.80.

- 6. The respondent denied reimbursement for CPT code 62321 based upon reason codes "252,00535-An attachment/other documentation is required to adjudicate this claim/service."

CPT code 62321 is described as "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, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)."

The requestor submitted a copy of the medical report that supports claimant underwent injection at Baylor Scott & White Texas Spine and Joint Hospital; therefore, the respondent's denial is not supported. The DWC finds reimbursement per the medical fee guideline is recommended.

The Medicare participating amount at this locality is \$107.67.

Using the above formula, the DWC finds the MAR is \$225.84. The respondent paid \$0.00. The requestor is due the difference between MAR and amount paid of \$225.84.

- 7. The respondent denied reimbursement for CPT code 99152 based upon reason codes "00403, 112-Payment adjusted as not furnished directly to the patient and/or not documented," and "5320-Documentation does not provide proof of an independent, trained, observer's presence to monitor the patient during the moderate sedation."

CPT code 99152 is described as "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."

The requestor submitted a copy of the medical report that supports claimant underwent conscious sedation from 1448 to 1506; therefore, the respondent's denial is not supported. The DWC finds reimbursement per the medical fee guideline is recommended.

The Medicare participating amount at this locality is \$12.25.

Using the above formula, the DWC finds the MAR is \$25.70. The respondent paid \$0.00. The requestor is due the difference between MAR and amount paid of \$25.70.

- 8. The DWC finds the requestor is entitled to reimbursement of \$256.34 for CPT codes 62321,99152 and 72040-26 rendered on July 1, 2020.

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 256.34

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 \$256.34 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

06/30/2021

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.