



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

South Texas Radiology Group

Respondent Name

TASB Risk Management Fund

MFDR Tracking Number

M4-22-0258-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

October 8, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 19, 2020	CPT Code 73590-26-LT	\$13.27	\$13.27
Total		\$13.27	\$13.27

Requestor's Position

"We submitted a request for reconsideration showing why CPT 73590 should be paid & it was denied & denial maintained."

Amount in Dispute: \$13.27

Respondent's Position

"The previous review is being maintained (Payment of \$14.67) and no additional allowance is recommended. The reimbursement is applied in accordance with the DWC guidelines. Check #10033893 issued 5/25/21 in the amount of \$14.67."

Response Submitted by: TASB Risk Management Fund

Findings and Decision

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

Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 97-The benefit for this service is included in the payment allowance for another service/procedure that has already been adjudicated.
- 217-The value of this procedure is included in the value of another procedure performed on this date.
- 790-This charge was reimbursed in accordance to the Texas medical fee guideline.
- 350-Bill has been identified as a request for reconsideration.
- P12-Workers' compensation jurisdictional fee schedule adjustment.
- W3-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 891-No additional payment after reconsideration.
- CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. TASB Risk Management Fund's denial based on unbundling supported?
2. Is South Texas Radiology Group entitled to reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$13.27 for CPT code 73590-26-LT rendered on October 19, 2020.

The respondent denied reimbursement for the services based upon reason code "97-The benefit for this service is included in the payment allowance for another service/procedure that has already been adjudicated," and "217-The value of this procedure is included in the value of another procedure performed on this date."

On the disputed date of service the requestor billed CPT Codes 73590-26-LT, 73610, 70450, 93976, 76830, 76856, and 71045. Per CCI edits, CPT code 73590-26-LT is not unbundled from any other service billed on this date; therefore, the respondent's denial of payment based upon "97" and "217" is not supported.

2. The fee guidelines for professional services are found in 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. 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 is 60.32

The 2020 Medicare Conversion Factor is 36.0896

Review of Box 32 on the CMS-1500 finds the services were rendered in San Antonio, Texas; therefore, the locality will be based on the rate for "Rest of Texas".

The Medicare Participating amount for CPT code 73590-26-LT at this locality is \$8.07.

Using the above formula, the DWC finds the MAR is \$13.49 or less. The requestor is seeking 413.27. The respondent paid \$0.00. As a result, reimbursement of \$13.27 is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of \$13.27 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that TASB Risk Management Fund must remit to South Texas Radiology Group \$13.27 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

11/02/2021

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

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

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.