



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Ritesh R Prasad

**Respondent Name**

Insurance Co of the State of PA

**MFDR Tracking Number**

M4-22-1514-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

March 23, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 21, 2021	64490-RT	\$1789.00	\$502.29
October 21, 2021	64490-LT	\$1789.00	\$0.00
October 21, 2021	64491-RT	\$889.00	\$253.60
October 21, 2021	64491-LT	\$889.00	\$0.00
	Total	\$5394.00	\$755.89

### Requestor's Position

"The attached bill was sent for reconsideration 2 times for date of service 10/21/21 with denials stating images are required. This is Gallagher Bassett go to so they can deny the claim and not pay for procedures pre-authorized, and all documentation is attached needed to process the claim."

**Amount in Dispute:** \$5,394.00

### Respondent's Position

"The provider failed to provide the required documentation. The provider is not entitled to any reimbursement."

**Response submitted by:** Flahive, Ogden & Latson

## Findings and Decision

### Authority

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.210 sets out the requirements of medical documentation.
3. 28 TAC §134.203 sets out the fee guidelines for professional medical services.

### Denial Reasons

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

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 252 – An attachment/other documentation is required to adjudicate this claim/service
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement

### Issues

1. Is the insurance carrier's denial based on lack of supporting documentation supported?
2. What are the requirements of the applicable Medicare payment policy?
3. What rule applies for determining reimbursement for the disputed services?
4. Is the requester entitled to additional reimbursement?

### Findings

1. The requestor is seeking reimbursement of surgical services rendered in the physician's office in October of 2021 described as, 64490 - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level

The physician injects a diagnostic or therapeutic agent into a cervical or thoracic paravertebral facet joint or into the nerves that innervate the joint using fluoroscopic or CT guidance. The paravertebral facet joints, also called zygapophyseal or "Z" joints, consist of the bony surfaces between the vertebrae that articulate with each other. The injection may be performed on a single level or on multiple levels. Report 64490 for a single and

64491- Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure) level, 64491 for a second level, and 64492 for the third and any additional levels

The physician injects a diagnostic or therapeutic agent into a cervical or thoracic paravertebral facet joint or into the nerves that innervate the joint using fluoroscopic or CT guidance. The paravertebral facet joints, also called zygapophyseal or "Z" joints, consist of the bony surfaces between the vertebrae that articulate with each other. The injection may be performed on a single level or on multiple levels. Report 64490 for a single level, 64491 for a second level, and 64492 for the third and any additional levels.

Review of the submitted procedure note found, "The patient was placed in the prone position, and the area overlaying the Cervical spine region was sterilely prepped and draped. Using the fluoroscope, the Lt. C3 lamina was identified and then a 25 gauge, 3.5 in spin needle was used to penetrate the skin laterally. Once the middle of the C2-C3 joint was reached, then using Digital subtraction technique, 1cc of Omnipaque Dye was injected. The dye showed local spread without any intravascular uptake. Next, 1cc of 0.75% Marcaine was injected for a medial branch block." The same procedure was documented on Lt, C4 lamina, Rt, C3 lamina and Rt C4. The Radiology note states, "AP/Lateral views of cervical spine: show proper needle placement lateral to the C2-3, C3-4 Z joint on AP views and in the middle of the C2-3 Z joint and C4 lamina on lateral views bilaterally.

DWC Rule 133.210 (a) states in pertinent part, medical documentation includes all medical reports and records, such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes, hospital records and diagnostic test results. The insurance carrier's denial for lack of required documentation is not supported. The services in dispute will be reviewed per applicable fee guideline.

2. DWC Rule 28 TAC 134.203(b)(1) states in pertinent parts for coding billing, reporting and reimbursement of professional medical services, Texas Worker's compensation participants shall apply Medicare payment policies, including is coding and other payment policies in effect on the date the service is provided. The applicable Medicare payment policy at [Article - Billing and Coding: Facet Joint Interventions for Pain Management \(A57787\) \(cms.gov\)](#) states,

*Each facet level has a pair of facet joints (one on the right side and one on the left side of the spine). Unilateral or bilateral facet interventions may be performed during the facet joint procedure (a diagnostic nerve block, a therapeutic facet joint [intraarticular] injection, or a medial branch block injection, in one session. A bilateral facet nerve intervention is still considered a single level intervention.*

**Note:** *Each unilateral or bilateral intervention at any level should be reported as one unit of service (UOS).*

Based on the above, the eligible disputed services are Code 64490 (1) unit and 64491 (1) unit,

The Codes 64490 and 64491 are reimbursed per the Medicare payment policy found in Chapter 12, Section 40.7 that states, "Base payment on the lowest of the billed amount or 150 percent of the fee schedule amount."

The billed amount for Code 64490 is \$1798.00. The fee schedule amount is \$191.01. The payment will be based on 150 percent of the lesser amount \$191.01 and the applicable DWC fee guideline.

The billed amount for Code 64491 is \$899.00. The fee schedule amount is \$96.44. The payment will be based on 150 percent of the lesser amount \$96.44 and the applicable DWC fee guideline.

3. DWC Rule 28 TAC 134.203(c)(1)(2), states "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 (annual conversion factor). The maximum allowable reimbursement is calculated as the CMS Physician Fee Schedule amount multiplied by the DWC conversion factor divided by the Medicare conversion factor or,

HCPCS Code	Physician Fee Schedule Allowable multiplied by 150 per cent	DWC/CMS Conversion Factor	MAR
64490	\$191.01 x 150% = 286.52	61.17/34.8931	\$502.29
64491	\$96.44 x 150% = \$144.66	61.17/34.8931	\$253.60
		Total	\$755.89

4. The total recommended reimbursement for the disputed services is \$755.89. This amount 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 additional reimbursement is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Insurance Co of the State of PA must remit to Dr. Ritesh Prasad \$755.89 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	May 4, 2022 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).