



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Health Huguley

Respondent Name

Standard Fire Insurance Co

MFDR Tracking Number

M4-23-0565-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

November 2, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 21, 2022	72072	\$222.38	\$0.00
July 21, 2022	72100	\$222.38	\$0.00
	Total	\$444.76	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR.

Amount in Dispute: \$444.76

Respondent's Position

The the Medicare edits, both of the disputed CPT codes are a Q1 status, which cannot be reimbursed when billed with CPT code 70450. Consequesntly, the Provider is not entitled to reimbursement pursuant to the Medicare edits.

Response submitted by: Travelers

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 §134.403 sets out the fee guidelines for outpatient hospital services.

Denial Reasons

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

- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- W3 – Bill is a reconsideration or appeal

Issues

1. What rule applies for determining reimbursement for the disputed services?

Findings

1. The requestor is seeking additional reimbursement for professional services rendered in July of 2022. The insurance carrier denied the disputed services as bundled into primary payment. DWC Rule 28 TAC §134.403 (d) requires Texas workers' compensation system participants when coding, billing, reporting and reimbursement to apply Medicare payment policies in effect on the date of service.

The Medicare payment policy applicable to the services in dispute is found at www.cms.gov, Claims processing Manual, Chapter 4, Section 10.1.1. Specifically, Payment Status Indicators and Ambulatory Payment Category (APC).

- Procedure code 72072 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for any service assigned status indicator S, T or V. This code is bundled into composite payment for CT scan with contrast, APC 8005, status indicator S. No additional payment is recommended.
- Procedure code 72100 has status indicator Q1, for STV-packaged codes; reimbursement is packaged with payment for any service assigned status indicator S, T or V. This code is bundled into composite payment for CT scan with contrast, APC 8005, status indicator S. No additional payment 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

		December 27, 2022
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 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 electronico CompConnection@tdi.texas.gov.