

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

SOUTH TEXAS RADIOLOGY

Respondent Name

ACCIDENT FUND INSURANCE COMPANY

MFDR Tracking Number

M4-23-1032-01

Carrier's Austin Representative

Box Number 06

DWC Date Received

January 6, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 3, 2022	73590/26/RT	\$18.03	\$0.00
May 10, 2022	70450/26	\$93.26	\$72.45
	Total	\$111.29	\$72.45

Requestor's Position

"We mailed an appeal with medical records to show they are not duplicate charges. Our request for reconsideration was denied. Please help us with final adjudication of this bill for date of service 05/03/2022. For date of service 5/10/22 we only billed 1 CT Brain & keeps denying as a duplicate. We were informed it is duplicating against the facility bill."

Amount in Dispute: \$111.29

Respondent's Position

"After reviewing the issues, Accident Fund determined that the 5/3/22 Date of Service was paid on 6/16/22 with Check# 102446403 for \$14.53. The check cleared on 6/28/22. In regard to the 5/10/22 Date of Service the bill is being reprocessed and will be paid per fee schedule at \$79.68."

Response Submitted by: Stone, Loughlin & Swanson

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 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §134.2 sets out the incentive payments for Workers' Compensation Underserved Areas.

Denial Reasons

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

- P12 – The service has been rendered in an area which meets the definition of a Health Professional Shortage Area.
- P12 – A charge for the interpretation of a diagnostic procedure (modifier 26 and or 76140 for radiology) has already been paid or is included in the examination services rendered on this date.
- P12 – Workers' Compensation jurisdictional fee schedule adjustment.
- W3 – No additional reimbursement allowed after review of appeal/reconsideration.
- 1115 – RECON: We find the previous review to be accurate and are unable to recommend any additional allowance.
- W3 – The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day.

Issues

1. Did the insurance carrier issue payment for date of service May 3, 2022?
2. Is the Insurance Carrier's denial reason(s) supported for date of service May 10, 2022?
3. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks payment for services provided under CPT Code 73590-26-RT and rendered on May 3, 2022. The insurance carrier made a \$14.53 payment to the requestor. To find out if this payment satisfied the requestor for CPT Code 73590, the DWC got in touch with the requestor and the requestor acknowledged receipt of payment and stated that they are no longer contesting this code. The requestor indicated that CPT Code 70450-26 provided on May 10, 2022, was not paid and they continue to dispute this code. Therefore, the DWC will conduct a review of CPT Code 70450-26 provided on May 10, 2022.

2. The requestor seeks payment for a radiology service billed under CPT Code 70450-26 provided on May 10, 2022.

The insurance carrier representative states, "The check # 102446403 payment for \$14.53 was for CPT code 73560/26/LT. The CPT code on this MFDR dispute is 73590/26/RT. We still show no payment was made for the date of service 5/3/22 CPT code 73590/26/RT. I attached the check & EOBs." The insurance carrier representative further states, "At this point, I think the best thing to do is for you to go ahead and issue a decision per the unpaid code below. Jane."

The DWC finds that CPT Code 70450-26 is no longer being disputed by the insurance company. As a result, the reasons for the denial listed above, do not apply to date of service, May 10, 2022.

The DWC finds that radiology services are reviewed pursuant to 28 TAC §134.203(b)(1) 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; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

28 TAC §134.203 states in pertinent part, "(c) 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..."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the services were rendered in zip code 78840; therefore, the Medicare locality is "Rest of Texas."
- The Medicare Participating amount for CPT code 70450 at this locality is \$40.14
- Using the above formula, the DWC finds the MAR is \$72.45.
- The requestor seeks \$93.26.
- The respondent paid \$0.00.
- MAR reimbursement of \$72.45 is recommended.

3. The DWC finds that the requestor is entitled to reimbursement in the amount of \$72.45.

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.

The DWC finds the requester has established that reimbursement of \$72.45 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 the Respondent must remit to the Requestor \$72.45 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		May 15, 2023
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 three 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.