



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

South Texas Radiology  
Imaging Center

**Respondent Name**

Texas Mutual Insurance Co.

**MFDR Tracking Number**

M4-23-1423-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

February 17, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
09-30-2022	73700	\$250.46	\$240.61

### Requester's Position

"Texas Mutual denied our claim no authorization. We sent an appeal to say we no authorization required. Our reconsideration request was denied. Please help us with final adjudication of this bill for date of service 09/30/2022. Thank you."

**Amount in Dispute:** \$250.46

### Respondent's Position

"Texas Mutual received bill charge 73700-LT from S TEXAS RADIOLOGY IMG CTR for date of service 9/30/2022 and denied it for no preauthorization. Review of certification #5768183 included in the requestor's DWC60 packet is for 1 CT MAKO of the left knee (CPT 73700) to be completed between 10/3/2022 and 2/1/2023. (Attachment) The disputed date of service 9/30/2022 is prior to the approval date and therefore the requestor performed the service absent preauthorization. Our position is that no payment is due."

**Response Submitted by:** Texas Mutual Insurance Co.

### 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 §134.600 sets out the procedures for preauthorization requirements of healthcare services.
3. 28 TAC §134.203 sets out the fee guidelines for professional medical services.

## Denial Reasons

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

- 197 - PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.
- 786 - DENIED FOR LACK OF PREAUTHORIZATION OR PREAUTHORIZATION DENIAL IN ACCORDANCE WITH THE NETWORK CONTRACT.
- W3 - IN ACCORDANCE WITH TDI -DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

## Issues

1. Is Texas Mutual Insurance Co.'s denial, based on lack of preauthorization, supported?
2. Is South Texas Radiology Imaging Center entitled to reimbursement?

## Findings

1. Submitted documentation shows, the respondent, Texas Mutual Insurance Co., denied imaging service, CPT code 73700 rendered by requester, South Texas Radiology Imaging Centers, on September 30, 2022, for absence of precertification.

Submitted documentation shows that preauthorization for the service in dispute was certified by the respondent to be performed between 10/3/2022 and 2/1/2023.

28 TAC §134.600 (p)(8)(A) states in pertinent part that "Non-emergency health care requiring preauthorization includes: ... a repeat individual diagnostic study: with a reimbursement rate of greater than \$350 as established in the current Medical Fee Guideline..."

The division finds that 28 TAC §134.600 (p)(8)(A) applies to the disputed CPT code 73700 rendered on date of service September 30, 2022.

CPT code 73700 is defined as Computed tomography (CT), lower extremity. Submitted documentation indicates that the same service had been performed on the same body part on September 9, 2021. Therefore, the disputed service was a repeat diagnostic study.

In accordance with 28 TAC §134.203 which sets out the fee guidelines for professional medical services, as calculated below, the maximum allowable reimbursement (MAR) for CPT code 73700 rendered September 30, 2022, is below the reimbursement threshold of \$350 requiring preauthorization. As such, the division finds that the disputed service did not require preauthorization.

The division finds that the denial of the disputed service, for lack of preauthorization, is not supported.

2. South Texas Radiology Imaging Center is seeking reimbursement for imaging service, CPT code 73700, rendered on date of service September 30, 2022.

CPT code 73700 is defined as Computed tomography (CT), lower extremity.

The division finds that 28 TAC §134.203 applies to the reimbursement of CPT Code 73700.

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). Dates of service rendered in 2022

- The 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the service was rendered in zip code 78240; the Medicare locality is "The rest of Texas."
- The Medicare Participating amount for CPT code 73700 at this locality is \$133.31.
- Using the above formula, the division finds the MAR is \$240.61
- The respondent paid \$0.00.
- The requestor is due \$240.61 for date of service September 30, 2022.

## 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 division finds the requester has established that reimbursement of \$240.61 is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, the division has determined the requester is entitled to reimbursement for the disputed services.

It is ordered that Texas Mutual Insurance Co. must remit to South Texas Radiology Imaging Centers \$240.61 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

March 17, 2023  
\_\_\_\_\_  
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).