TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
SOUTH TEXAS RADIOLOGY GROUP

Respondent Name
INTREPID INSURANCE COMPANY

MFDR Tracking Number
M4-23-1490-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
February 24, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 13, 2022	73502-26-RT, 72100-26, and 73552-26-RT	$70.54	$54.71
	Total	$70.54	$54.71

Requestor's Position

"We billed Gallagher Bassett. Our claim was denied invalid diagnosis. We submitted a corrected claim with a letter of reconsideration request. Our corrected claim was denied. We called Gallagher Bassett to explain the bill was processed again with the old diagnosis & the rep saw the mistake & sent our claim back for review. I checked the insurance website & our corrected claim still has not been processed."

Amount in Dispute: $70.54

Respondent's Position

The Austin carrier representative for Intrepid Insurance Company is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on February 28, 2023. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code (TLC) §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) §133.305 sets out the procedures for resolving medical disputes.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.203 sets out the fee guideline for professional medical services.

Denial Reasons

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

- P2 – Not a work-related injury/illness and thus not the liability of the workers compensation carrier.
- PI2 – Workers' compensation jurisdictional fee schedule adjustment.
- 298 – The recommended allowance is based on the value for the professional component of the service performed.
- 498 & 4063 – Reimbursement is based on the physician fee schedule when a professional service was performed in the facility setting.
- 5943 – The services have been denied as the billed diagnosis codes are pre-existent, degenerative, group health related or are not typically associated with a work injury. The bill needs to be resubmitted with additional diagnosis code(s) related to the claimant's Workers' Compensation injury.
- 193- Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 5283 - Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, providers contract, or carrier decision.

Issues

1. Is the insurance carrier's denial of extent of injury supported?
2. What is the description of the disputed services?
3. Are the insurance carrier's denial reasons supported?
4. Does the radiology multiple procedure payment reduction apply to the disputed services?
5. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement for radiology services rendered on August 13, 2022. The insurance carrier denied the disputed service with denial reduction codes indicated above.

   The services in dispute were denied by the workers' compensation carrier due to an unresolved extent of injury issue. 28 TAC §133.305(b) states that if a dispute over the compensability of a covered work injury exists for the same service for which there is a medical fee dispute, the dispute regarding the compensability shall be resolved prior to the submission of a medical fee dispute.

   Review of the documentation submitted, finds that the insurance carrier did respond to the DWC060 request, and therefore did not provided documentation to the DWC to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by 28 TAC §133.307 (d)(2)(H). The respondent did not submit information to MFDR, to support that the PLN had ever been presented to the requestor or that the requestor had otherwise been informed of a PLN prior to the date that the request for medical fee dispute resolution was filed with the DWC; therefore, the DWC finds that the extent of injury denial was not timely presented to the requestor in the manner required by 28 TAC §133.240. Because the services in dispute do not contain an unresolved compensability issue, this matter is eligible for review under 28 TAC §133.307. For that reason, the DWC finds that the insurance carrier's denial reason is not supported, and the requestor is therefore entitled to reimbursement for the disputed services.

2. 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."

   CPT Code 73502 is described as, "Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views."

   CPT code 72100 is described as, "Radiologic examination, spine, lumbosacral; 2 or 3 views."

   CPT code 73552 is described as, "Radiologic examination, femur; minimum 2 views."

   Modifier 26 is described as, "Professional Component."

   Modifier RT is described as, "Right Side (Used to identify procedures performed on the right side of the body.)"

3. The requestor seeks reimbursement for radiology services rendered on August 13, 2022. Rule §134.203 sets out the guidelines for radiology services. Review of the medical documentation submitted by the requestor supports the billing and documentation of CPT Codes 73502-26-RT, 72100-26, and 73552-26-RT. The DWC finds that the insurance carrier's denial reasons are not supported and therefore the requestor is entitled to reimbursement.

4. 28 TAC §134.203(a)(5) states, "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

   Review of the CMS Manual, Pub 100-20 One-Time Notification, Transmittal 995 states in pertinent part,

   > B. Policy: The MPPR on diagnostic imaging applies when multiple services are furnished by the same physician to the same patient in the same session on the same day. Currently, the MPPR on diagnostic imaging services applies only to technical component (TC) services. It applies to both TC-only services and to the TC portion of global services. Full payment is made for the service with the highest TC payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 50 percent for the TC of subsequent services furnished by the same physician to the same patient in the same session on the same day. We are expanding the MPPR by applying it to professional component (PC) services. Full payment is made for each PC and TC service with the highest payment under the MPFS. Payment is made at 75 percent for subsequent PC services furnished by the same physician to the same patient in the same session on the same day. Payment is made at 50 percent for subsequent TC services furnished by the same physician to the same patient in the same session on the same day. The complete list of codes subject to the MPPR on diagnostic imaging is in Attachment 1. The individual PC and TC services with the highest payments under the MPFS of globally billed services must be determined in order to calculate the reduction.

   The radiology services, billed under CPT Codes 73502-26-RT, 72100-26, and 73552-26-RT are services not subject to the Multiple Procedure Payment Reduction. As a result, the requestor is entitled to reimbursement in accordance with the CMS radiology fee schedule.

5. 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 78233; therefore, the Medicare locality is "Rest of Texas."

- The Medicare Participating amount for CPT code 73502-26-RT at this locality is $10.79.
- Using the above formula, the DWC finds the MAR is $19.47.
- The respondent paid $0.00.
- The requestor seeks $25.08
- Reimbursement of $19.47 is recommended.

- The Medicare Participating amount for CPT code 72100-26 at this locality is $10.79.
- Using the above formula, the DWC finds the MAR is $19.47.
- The respondent paid $0.00.
- The requestor seeks $25.08
- Reimbursement of $19.47 is recommended.

- The Medicare Participating amount for CPT code 73552-26-RT at this locality is $8.74.
- Using the above formula, the DWC finds the MAR is $15.77.
- The respondent paid $0.00.
- The requestor seeks $20.28.
- Reimbursement of $15.77 is recommended.

The DWC finds that due to the reasons indicated above, the requestor is entitled to a total reimbursement amount of $54.71. 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.

The DWC finds the requester has established that additional reimbursement of $54.71 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, the DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the respondent must remit to the requestor the amount of $54.71, plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TC §134.120.

Authorized Signature

		June 2, 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 managing 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.