



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

South Texas Radiology Group

Respondent Name

Judson ISD

MFDR Tracking Number

M4-24-0305-01

Carrier's Austin Representative

Box Number 16

DWC Date Received

October 6, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 16, 2023	70450-26	\$97.66	\$76.16
May 16, 2023	72125-26	\$113.93	\$88.98
Total		\$211.59	\$165.14

Requestor's Position

"We billed 1 CT Head & 1 CT Cervical on date of service 5/16/23. Tristar denied our bills as duplicates. 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 5/16/2023."

Amount in Dispute: \$211.59

Respondent's Position

The Austin carrier representative for Judson ISD is Adami Shuffield Scheihing & Burns. The representative was notified of this medical fee dispute on October 10, 2023.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available

information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Response submitted by: N/A

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 §133.203](#) sets out the fee guidelines for radiology services.

Denial Reasons

- NZ (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.
- 60 – (B13) – The provider has billed for the exact services on a previous bill.

Issues

1. Is the insurance carrier's denial supported?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of the professional component of radiology services rendered in May of 2023. The insurance carrier denied the disputed services as duplicate charges.

Review of the submitted documentation found insufficient evidence to support the insurance carrier had previously adjudicated the services in dispute. The insurance carrier's denial is not supported and will not be considered in this review. As the denial is not supported, the requestor is entitled to reimbursement for the disputed services.

2. Reimbursement for professional radiology services is set out in TAC§134.203 titled "Medical Fee Guideline for Professional Services." 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 \$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."

Reimbursement for the disputed services will be calculated pursuant to the Medicare payment policies per §134.203.

3. Review of the submitted medical bill found the services were rendered in San Antonio, Texas.

The maximum allowable reimbursement (MAR) is calculated as DWC Conversion Factor/Medicare Conversion Factor multiplied by CMS Physician Fee schedule amount for location.

- The Medicare locality for zip code 78223 is "99" Rest of Texas.
- The carrier code is 4412.
- CMS Physician Fee schedule allowable for code 70450-26 for this carrier in this location is \$39.81. The DWC conversion factor is \$64.83. The Medicare conversion factor is \$33.8872. $64.83/33.8872 \times \$39.81 = \76.16
- CMS Physician Fee schedule allowable for code 72125-26 for this carrier in this location is \$46.51. The DWC conversion factor is \$64.83. The Medicare conversion factor is \$33.8872. $64.83/33.8872 \times \$46.51 = \88.98

The total allowable for the services in dispute is \$165.14. The insurance carrier paid \$0.00. The amount recommended is \$165.14.

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 requestor 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 Judson ISD must remit to South Texas Radiology Group \$165.14 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

January 2, 2024

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 electrónico CompConnection@tdi.texas.gov.