Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
RIVER CITIES INTERVENTIONAL PAIN SPECIALISTS

Respondent Name
TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number
M4-12-2375-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
March 15, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "It has been denied for precertification but according to our records, Debby Luna from Texas Mutual stated on 8/31/11 that precertification was not required for CPT 64490, 64491 & 64492. A copy of the denial EOB, original bill and medical records are included with this fax."

Amount in Dispute: $893.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The facts indicate the requestor was aware of the preauthorization process before 9/2/11 because the requestor sought preauthorization on at least two occasions. The facts also indicate no record of the benefits administrator waiving on 8/31/11 or any other date the requirement of preauthorization. Preauthorization was not obtained. No payment is due."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 2, 2011	64490 and 64491	$893.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all-applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.
3. 28 Texas Administrative Code §134.600 sets out the preauthorization/concurrent review guidelines.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
   Explanation of benefits
   - CAC 18 – Duplicate claim/service
   - CAC 197 – Precertification/authorization/notification absent
   - 786 – Denied for lack of preauthorization or preauthorization denial
   - 878 – Appeal (Request for reconsideration) previously processed. Refer to Rule 133.250(H)
   - CAC 16 – Claim/service lacks information which is needed for adjudication
   - 876 – Required documentation missing or illegible. See rules 133.1; 133.210; 139.5; or 180.22

Issues

1. What is the definition of the disputed CPT codes 64490 and 64491?
2. Did the requestor obtain preauthorization for the disputed services?
3. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203 states in part, "(b) 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."

   The AMA CPT Code Book Defines CPT Code 64490 as "Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level."

   The AMA CPT Code Book Defines CPT Code 64491 as "Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)."
2. Per 28 Texas Administrative Code §134.600(p)(12) states "treatments and services that exceed or are not addressed by the commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the insurance carrier. This requirement does not apply to drugs prescribed for claims under §§134.506, 134.530 or 134.540 of this title (relating to Pharmaceutical Benefits)."

   The disputed services were therefore subject to prior authorization. Review of the submitted documentation does not support that the requestor obtained preauthorization for the disputed services, as a result, reimbursement cannot be recommended.
3. Review of the submitted documentation finds that the requestor is not entitled to reimbursement for the disputed CPT codes 64490 and 64491. As a result $0.00 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	April 23, 2015 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.