



Medical Fee Dispute Resolution Findings and Decision General Information

Requester Name

Texas Spine and Joint Hospital

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-24-1140-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

January 22, 2024

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| April 6, 2023 | 73700-RT-TC | \$5,146.00 | \$0.00 |

Requester's Position

"...the Hospital's bill was originally denied as a duplicate. The Hospital never received an 'original' EOB-the first EOB from Texas Mutual indicated denial as a duplicate. The Hospital submitted the bill on only one occasion, and neither Texas Mutual nor Tech Health were able to provide an original EOB. There is also no evidence that Tech Health has processed the bill because they are not able to provide any kind of evidence of audit, e.g. an EOB."

Amount in Dispute: \$5,146.00

Respondent's Position

"Texas Mutual received billing from TechHealth for the CT scan in question (CPT 73700) and reimbursed them on 4/17/2023. The health care provider submitted their bill for processing, and it was denied 717 to indicate that payment had been made to TechHealth. Our position is that no payment is due."

Response Submitted by: Texas Mutual Insurance Company

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.

Denial Reason(s)

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment code(s):

- A16 - The reimbursement for health care services is subject to WorkWell, TX contracts, a certified WC HCN (Ins code Ch. 1305).
- CAC-131- Claim specific negotiated discount.
- 729 - This bill was reviewed in accordance with your Coventry contract. For questions, please call 1-800-937-6824.
- 717 – Services rendered through tech health. For additional information please call 877-269-9373.

Issues

1. Did the insurance carrier issue payment for the service in dispute?

Findings

1. Texas Spine and Joint Hospital (the requestor) submitted Medical Fee Dispute M4-24-1140-01 to the Division of Workers' Compensation (DWC) for resolution pursuant to 28 Texas Administrative Code (TAC) §133.307. The requestor is seeking reimbursement for a computed tomography (CT) scan billed under CPT code 73700-RT-TC, which was performed on April 6, 2023.

The insurance carrier, Texas Mutual Insurance Company, responded by stating that it had previously received a bill for the same CT scan (CPT 73700) from TechHealth Inc. and issued payment to that provider on April 17, 2023. The insurer further explained that when the health care provider (Texas Spine and Joint Hospital) later submitted its bill for the same service, it was denied with explanation code "717," which indicates that payment had already been made to another entity. Based on this, the insurance carrier asserts that no additional payment is owed.

Upon review of the CMS-1500 claim form submitted for the disputed service, Box 33 identifies TechHealth Inc. as the billing provider. Supporting documentation includes an Explanation of Benefits (EOB) dated April 17, 2023, showing that Texas Mutual issued a payment of \$237.10 to TechHealth for CPT code 73700. The payment was sent to the address listed in Box 33 of the CMS-1500 form, confirming that TechHealth received reimbursement for the service in question.

After reviewing the submitted documentation, the Division finds that the insurance carrier has provided sufficient evidence to demonstrate that payment was appropriately issued to TechHealth for the CT scan performed on April 6, 2023. Since reimbursement has already been made for this service, the requestor (Texas Spine and Joint Hospital) is not entitled to additional payment.

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 concludes that the insurance carrier is not liable for the disputed services.

Order

Based on the submitted information, pursuant to Texas Labor Code 413.031, the DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

| | | |
|-----------|--|---------------|
| _____ | _____ | June 20, 2025 |
| 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 512-804-4812.