



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

Disability & Pain Consultants

**Respondent Name**

Liberty Mutual Fire Insurance Co

**MFDR Tracking Number**

M4-24-1593-01

**Carrier's Austin Representative**

Box Number 60

**DWC Date Received**

March 20, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 14, 2023	64484 mod 50	\$660.00	\$311.56
<b>Total</b>		\$660.00	\$311.56

### Requestor's Position

"CMS indicates the only services performed in an ASC are to be reported with two units, however, professional bills performed in the office are to be reported on one line with a modifier, just as the original bill was submitted. Please take note of the place of service code (11) on the CMS 1500 and kindly reprocess this CPT code for payment."

**Amount in Dispute:** \$660.00

### Respondent's Position

"As noted by AMA's CPT 2023 (book version Appendix D, Optum 360 CPT version Appendix F), 64484 is an add on code, which is considered a modifier 50 exempt by CPT. Code 64484 should be reported twice when performed bilaterally, do not report 64484 with modifier 50 per CPT guidelines. The Requestor is incorrectly modifying 64484 according to CPT coding guidelines as advised in Rule 134.204... The Carrier is requesting the provider to bill 64484 correctly to the CPT coding guidelines when performing this service bilaterally.

**Response submitted by:** Liberty Mutual Insurance

## 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 billing procedures for professional medical claims.

### Denial Reasons

- 300 – An allowance has been made for a bilateral procedure.
- 76 – Billing is greater than surgical service fee.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 5987 – Reimbursement denied for modifier billed.
- 305 – The charge for this procedure, material, and or service is not normally billed for Texas jurisdiction claims only, per Texas Labor Code section 413.031 and 28 Tex. Admin. Code Sections 133.308(H), (I), after reconsideration, you may seek review of a denial of medical necessity through a TDI-DWC appointed Independent Review Organization. The form to initiate this process can be obtained from the division website...

### Issues

1. Is the respondent's statement supported?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

### Findings

1. The respondent stated in their position statement, "...denial message 305 was applied on 64484-50. ...The charge for this procedure, material, and or service is not normally billed. For Texas Jurisdiction claim only, per Texas Labor Code Section 413.031 and 28 Tex. Admin. Code Sections 133.308(H), (I), after reconsideration, you make seek review of a denial of medical necessity through a TDI-DWC-Appointed Independent Review Organization."

Review of the submitted documentation found a utilization review determination document dated March 27, 2023 under Review #211116 that was for "1 Transforaminal Epidural Steroid Injection at the Bilateral L4-L5 (L4 Nerve Root) and L5 -S1 (L5 Nerve Root) between 03/27/2023 to 05/26/2023 was certified for medical necessity.

The respondent's statement or denial code 305 (shown above) is supported. The disputed service will be reviewed per applicable fee DWC guidelines.

2. The requestor is seeking reimbursement of professional medical service Code 64484 – Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure) rendered April 14, 2023. The insurance carrier denied for using an incorrect modifier.

DWC Rule 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.”

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.

Review of the applicable Medicare payment policy detailed in the Medicare Coverage Database at [www.cms.gov](http://www.cms.gov), and titled “Billing and Coding: Epidural Steroid Injections for Pain Management” – A56681 found the following instruction, “When reporting CPT codes 64479 through 64484 for a unilateral procedure, use one line with one unit of service. For bilateral procedures regarding these same codes, use one line and append the modifier-50.”

Review of the submitted medical bill found this is how the requestor submitted the disputed code on the medical bill. The insurance carrier’s denial is not supported. The disputed service will be reviewed per applicable fee guideline.

3. DWC Rule 28 TAC §134.203(c)(1) states, “...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...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 \$53.68...”

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment for service location = MAR.

$$64.83/33.8872 \times \$108.57 \times 150\% \text{ (bilateral procedure)} = \$311.56.$$

CMS Claims processing manual Chapter 4, 40.7 - Claims for Bilateral Surgeries C. Claims Processing System Requirements at [www.cms.gov](http://www.cms.gov), ...Base payment on the lower of the billed amount or 150 percent of the fee schedule amount...

The total allowable DWC fee guideline reimbursement is \$311.56. 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.

DWC finds the requester 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 Liberty Mutual Fire Insurance Co must remit to Disability & Pain Consultants \$311.56 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### Authorized Signature

		April 16, 2024
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](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).