



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Anesthesia Alliance of Dallas

MFDR Tracking Number

M4-24-1941-01

DWC Date Received

May 6, 2024

Respondent Name

XL Insurance America Inc

Carrier's Austin Representative

Box Number 19

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 6, 2023	76942 26	\$53.89	\$53.89
Total		\$53.89	\$53.89

Requestor's Position

"Please find attached a completed DWC Form 60 for the above listed patient and date of service. The carrier has denied payment of Code 76942 26. We provided documentation to support the billing of the code, and also NCCI edits to show all codes billed on our date of service were to be paid."

Amount in Dispute: \$53.89

Respondent's Position

"Our initial response to the above reference medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed."

Supplemental response date May 31, 2023

"Respondent denied payment for CPT code 76942 as the service was not payable separately. CPT code 76942 was included in CPT code 64445 as both were performed with imaging guidance. In conclusion, Requestor is not owed any additional reimbursement CPT code 76942 as it was

included in the payment for CPT code 64445.”

Response submitted by: Downs♦Stanford, P.C.

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 guidelines for professional medical services.

Denial Reasons

- 90563 – CV reconsideration, no additional allowance recommended this bill and submitted document have been re-evaluated by clinical validation.
- 193 – Original payment decision is being maintained. Upon review it was determined that his claim was processed properly.
- 97 Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- 5437 – CV reconsideration, no additional allowance recommended. This bill and submitted documentation have been re-evaluated by Clinical Validation. Submitted document(illegible).
- 5721 – To avoid duplicate bill denial for reconsideration/adjustments/additional payment request submit a copy of the EOR or clear notation.

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 code 76942-26 (Ultrasonic guidance for needle placement) rendered on October 6, 2023. The insurance carrier denied the disputed service as code is packaged into another procedure.

DWC Rule 28 TAC §134.203(b) 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

Review of the applicable NCCI edits at www.cms.gov, did not find code 76942-26 has a CCI edit with code 64445 or 64450. The insurance carrier's denial is not supported. The disputed service will be reviewed per applicable fee guideline.

- 2. DWC Rule 28 Texas Administrative Code §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).

$$(DWC\ Conversion\ Factor \div Medicare\ Conversion\ Factor) \times Medicare\ Payment = MAR$$

The CMS fee schedule amount for the location (Dallas) is $\$30.60 \times 64.83/33.8872 = \58.54 .

- 3. The maximum allowable reimbursement is \$58.54. The requestor seeks \$53.89. 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 XL Insurance America Inc must remit to Anesthesia Alliance of Dallas \$53.89 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

June 11, 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.