



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Dallas Anesthesia Group PLLC

**Respondent Name**

TASB Risk Management Fund

**MFDR Tracking Number**

M4-24-2134-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

June 3, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 28, 2023	76942 26	\$53.89	\$0.00
<b>Total</b>		\$53.89	\$0.00

### Requestor's Position

"We sent a reconsideration request to the carrier and included a copy of the NCCI edits indicating this code is allowed to be billed with the other codes billed on this date of service, and payment is due. The carrier responded with another denial for payment of this code."

**Amount in Dispute:** \$53.89

### Respondent's Position

"While reviewing DOS 11/28/2023, 76942-26, \$53.89 we have concluded that Per AMA/CPT Guidelines CPT code 76942 will continue to be denied as this procedure code cannot be billed with procedure code 064447 on same[sic] the same DOS. We will be standing on our previous denials that were submitted under TSTX-390182 04/09/2024 AND TSTX-367704 02/12/2024."

**Response submitted by:** TASB

## 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 and payment guidelines for professional medical services.

### Denial Reasons

- 329 – Pricing for this service represents 50% because of multiple or bilateral rules.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- 59 – Processed based on multiple or concurrent procedure rules.
- 980 – The procedure code is disallowed based on CPT rules.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

### Issues

1. What is the rule applicable to reimbursement?

### Findings

1. The requestor is seeking reimbursement of 76942-26 - Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation. The insurance carrier denied the disputed service based on CPT rules.
  - 26 Modifier - Professional Component - Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

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.

Additional codes submitted on the medical bill are.

- 64447 - Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed
- 01472 - Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft
- 64450 Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch

A review of the applicable coding guidelines for code 76942 indicates, "Do not report 76942 with 64445-64448." The Medicare National Correct Coding Initiative Policy Manual, Chapter IX, CPT codes 70000 – 79999 , H. 12, at [www.cms.gov](http://www.cms.gov) indicates, "Radiological supervision and interpretation codes include all radiological services necessary to complete the service. CPT codes for fluoroscopy/fluoroscopic guidance (e.g., 76000, 77002, 77003) or ultrasound/ultrasound guidance (e.g., **76942**, 76998) **shall not be reported separately**."

Based on the above, the Division finds the insurance carrier's denial is supported. No payment 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 requestor has not established that reimbursement is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
June 27, 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](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).