



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Anesthesia Alliance of Dallas

Respondent Name

Arch Insurance Co

MFDR Tracking Number

M4-25-0404-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 22, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 27, 2024	76942 -26	\$53.89	\$53.89
Total		\$53.89	\$53.89

Requestor's Position

"The carrier 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

The Austin carrier representative for Arch Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 29, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We

will base this decision on the information available.

Response submitted by: n/a

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 reimbursement guidelines for professional medical services.

Denial Reasons

- 00663 – Reimbursement has been calculated based on the state guidelines.
- 298 – The recommended allowance is based on the value for the professional component of the service performed.
- 4063 – Reimbursement is based on the physician fee schedule when a professional service was performed in the facility setting.
- 5385 – CV: This charge is not normally billed separately.
- 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.
- 193/90563 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. What is the rule applicable to reimbursement?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of code 76942 -26, "Ultrasonic guidance for needle placement (eg. Biopsy, aspiration, injection, localization device), imaging supervision and interpretation." The insurance carrier denied the claim based on packaging. DWC Rule 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 payment policies in effect on the date a service is provided..."

Review of the applicable Medicare Correct Coding Policy (CCI) edits does not support the disputed service is packaged into the other services rendered on date of service March 27, 2024. This service will be reviewed per applicable fee guidelines.

2. DWC Rule 28 TAC § 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 ÷ Medicare Conversion Factor) x Medicare Payment = MAR or
 $67.81/32.7442 \times \$29.31 = \60.70

3. The total allowable DWC fee guideline reimbursement is \$60.70 The requestor is seeking \$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 Arch Insurance Co 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

January 29, 2025

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.