



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

CHI St. Lukes Baylor

Respondent Name

Starnet Insurance Co.

MFDR Tracking Number

M4-25-0887-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 17, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 1, 2024	0252	\$0.00	\$0.00
	0258	\$0.00	\$0.00
	0272	\$0.00	\$0.00
	0300	\$0.00	\$0.00
	0320	\$0.00	\$0.00
	0360/CPT 20680	\$3,592.59	\$0.00
	0370	\$0.00	\$0.00
	0636	\$0.00	\$0.00
	0637	\$0.00	\$0.00
	0710	\$0.00	\$0.00
	0761/CPT 64446	\$0.00	\$0.00
	Total	\$3,592.59	\$0.00

Requestor's Position

"Per the Addendum B- OPPS calculator the OR Service/CPT 20680 should pay \$2655.21 X 200% = \$5310.41. The Implants were NOT requested to be paid separately. The carrier originally paid \$1717.82 for CPT 64446. We submitted an appeal for underpayment with the Medicare allowable that shows what the markup should be and a copy of NCCI Edits Validator™ Facility Edition 2024 that states Edit exists with 20680. 64446 is a Column 2 code. If both 20680 and 64446 are

submitted, only 20680 will be paid. The carrier did not pay any additional amount stating the original payment decision is being maintained. Upon review, it was determined that this claim was processed properly. There is a balance left of \$3592.59, this is the amount we are seeking for medical dispute.”

Amount in Dispute: \$3,592.59

Respondent's Position

“We have received and completed review of the state dispute. The bill was fee schedule priced to \$1,717.82. All lines of service but CPT code 64446 denied as bundled. The bill is allowed appropriately per Texas Workers Compensation Guidelines.”

Response submitted by: Gallagher Bassett

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 §134.403](#) sets out the fee guidelines for outpatient hospital services.

Adjustment Reasons

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- 1 – THE CHARGE FOR THE SERVICES REPRESENTED BY THE REVENUE CODE ARE INCLUDED/BUNDLED INTO THE TOTAL FACILITY PAYMENT AND DO NOT WARRANT A SEPARATE PAYMENT OR THE PAYMENT STATUS INDICATOR DETERMINES THE SERVICE IS PACKAGED OR EXCLUDED FROM PAYMENT.

Issues

1. What rules apply to the reimbursement of services rendered on the disputed date of service?
2. Which code(s) rendered on the disputed date of service are payable in accordance with DWC Rule [28 TAC §134.403](#) and Medicare payment policies?
3. Is the requester entitled to additional reimbursement?

Findings

1. This dispute involves services rendered on April 1, 2024, in an outpatient hospital setting. DWC finds that 28 TAC §134.403 applies to the reimbursement of the services in dispute.

DWC Rule 28 TAC §134.403 (d) requires Texas workers' compensation system participants when coding, billing, reporting and reimbursement to apply Medicare payment policies in effect on the date of service.

28 TAC §134.403(e) states in pertinent part, regardless of billed amount, when no specific fee schedule or contract exists, reimbursement shall be the maximum allowable reimbursement (MAR) amount under subsection (f) of this section including any applicable outlier payment amounts and reimbursement for implantables.

DWC Rule 28 TAC §134.403 (f) states in pertinent part "the reimbursement calculation used for establishing the MAR shall be the Medicare facility specific amount, including outlier payment amounts, determined by applying the most recently adopted and effective Medicare Outpatient Prospective Payment System (OPPS) reimbursement formula and factors as published annually in the *Federal Register*. The following minimal modifications shall be applied. (1) The sum of the Medicare facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by:

(A) 200 percent; unless

(B) a facility or surgical implant provider requests separate reimbursement in accordance with subsection (g) of this section, in which case the facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by 130 percent..."

2. On the disputed date of service, the requestor billed procedure codes 20680 and 64446-59.

Procedure code 20680 is described as "Removal of implant; deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)." Per Medicare OPPS Addendum B, procedure code 20680 has an APC status indicator of "Q2", which indicates "Packaged APC payment if billed on same date of service as a HCPCS assigned status indicator 'T'; In all other circumstances, payment is made through a separate APC payment."

Procedure code 64446 is described as "the injection of anesthetic agents and/or steroids, with imaging guidance, into the sciatic nerve through a continuous infusion catheter, including catheter placement." Per Medicare OPPS Addendum B, procedure code 64446 has an APC status indicator of "T", indicating "Paid under OPPS; separate APC payment." A review of the explanation of benefits documents submitted finds that procedure code 64446 has been reimbursed by the insurance carrier and is not in dispute. Therefore, this code will not be reviewed.

DWC finds that because the two procedure codes described above were billed on the same date of service, CPT code 64446 is the only payable code, as the status indicators require that procedure code 20680 be packaged for payment under the "T" status procedure code 64446.

3. The requestor is seeking additional reimbursement in the amount of \$3,592.59 for procedure code 20680 rendered in an outpatient hospital setting on April 1, 2024. Per review of the requestor's DWC060 Medical Fee Dispute Resolution Request form, procedure code 20680 is the only code in dispute.

DWC finds that the procedure code in dispute is not payable when billed on the same date of service with procedure code 64446. The insurance carrier issued payment for CPT code 64446-59. The division finds that no additional reimbursement is recommended.

DWC finds that the requestor is not entitled to additional reimbursement for the procedure code 20680 rendered on the disputed date of service, April 1, 2024.

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 that the requestor has not 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 in the amount of \$0.00 for the disputed services.

Authorized Signature

_____	_____	February 28, 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 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.