



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Methodist Dallas Medical Center

Respondent Name

Travelers Indemnity Co of Connecticut

MFDR Tracking Number

M4-25-1478-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

March 5, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 26, 2024	Outpatient Procedure	\$52.10	\$0.00
Total		\$52.10	\$0.00

Requestor's Position

"The lab charges on this bill have not been paid. A different bill for this date of service was paid but was for radiology diagnostics."

Amount in Dispute: \$52.10

Respondent's Position

"The Provider contends they are entitled to reimbursement for the disputed services. The disputed services have status indicators of Q4. Per the Medicare edits excerpted below, Q4 codes are not separately reimbursable when billed on the same date of service as another procedure with a Q1 status... On the same date of service, the same Provider billed CPT code 73610 (x-ray). Attached is the Explanation of Benefits where the Carrier reimbursed for that service. CPT code 73610 has a status indicator of Q1. As such, the Provider is not entitled to separate reimbursement of the Q4 status indicator codes at issue in this dispute."

Response Submitted by: Travelers

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §134.403](#) sets out the reimbursement guidelines for outpatient hospital services.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 4915 – The charge for the service represented by the code is included/bundled into the total facility payment and does not warrant a separate payment of the payment status indicator determines the service is packaged or excluded from payment.

Issues

1. Is the insurance carrier's position statement supported?

Findings

1. The insurance carrier states in their position statement, "...Q4 codes are not separately reimbursable when billed on the same date of service as another procedure with a Q1 status."

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.

The Medicare payment policy applicable to the services in dispute is found at www.cms.gov, Claims processing Manual, Chapter 4, Section 10.1.1. Specifically, Payment Status Indicators and Ambulatory Payment Category (APC).

Review of the disputed services are as follows.

- March 26, 2024 / 36415 – Collection of venous blood by venipuncture.
- March 26, 2024 / 85025 – Blood count; complete (CBC)
- March 26, 2024 / 86140 – C-reactive protein
- March 26, 2024 / 85651 – Sedimentation rate, erythrocyte; non-automated

These charges have a status indicator of Q4 on the disputed date of service. The definition of Q4 is found at www.cms.gov Addenda D1 and states, "Packaged APC payment..."

The respondent included a copy of the explanation of benefits dated April 12, 2024, for date of service March 26, 2024, Code 73610-RT that was processed and paid. Review of the status indicator of code 73610 found a Status Indicator of Q1.

Based on the information provided during this dispute, the injured worker received a Q1 service (x-ray) on the same day as the Q4 services (laboratory). Therefore, the insurance carrier's denial is supported. Additional payment is not 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 additional reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 1, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.