



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Global Anesthesia Services
PLL

Respondent Name

Texas Hospital Insurance Exchange

MFDR Tracking Number

M4-25-1526-01

Carrier's Austin Representative

Box Number 6

DWC Date Received

March 10, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 9, 2024	01630 QZ	\$135.28	\$ 0.00
October 9, 2024	64415 59 LT	\$25.89	\$25.89
Total		\$161.17	\$25.89

Requestor's Position

"Regarding Code 01630 QZ – The carrier did not issue the full allowable for CRNA anesthesia services. ...Regarding Code 64415 59, LT, the carrier did not issue the correct allowable per the 2024 fee schedule. We sent a reconsideration notifying the carrier of their error and they responded no additional payment due. The carrier owes an additional \$25.89 for this service.

Amount in Dispute: \$161.17

Respondent's Position

"We are in receipt of the Medical Dispute Resolution concerning (injured worker) from Global Anesthesia services for date of service 10/09/2024. Based on the review of the claim history and the submitted documentation. An additional payment in the amount of \$137.71 for CPT Code 01630-QZ, this includes interest. ...The original recommendation for CPT 64415 59 LT appears correct. Non-Physician reimbursement allowance at 85% of the maximum allowable. Additional

recommended \$0.00.”

Response submitted by: Injury Management Organization, Inc

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the reimbursement guidelines for professional services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination.
- Charge exceeds Fee Schedule allowance.
- Non-Medically directed CRNA service reimbursed @ 100% of Anesthesia Value.
- 225 – Penalty or Interest Payment will be addressed directly by Payer.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 172 – Payment is adjusted when performed/billed by a provider of this specialty.
- P12 – Workers compensation jurisdictional fee schedule adjustment.

Issues

1. What services remain in dispute?
2. What rule is applicable to reimbursement?

Findings

1. The requestor submitted a request for MFDR that contained code 01630 QZ. The amount in dispute was \$135.28. The respondent submitted evidence that on March 28, 2025 a payment of \$135.28 was made under control number 889033690 in the disputed amount. This charge will not be considered in this review. The other charge listed on the DWC 60 was 64415 59 LT. The amount in dispute was \$25.89. The insurance carrier maintained their original payment. This charge will be considered per the applicable fee guideline shown below.
2. 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 Texas Administrative Code 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.

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 ...For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

The requestor billed CPT code 64415 defined as "Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed."

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$. In this instance, $85.12/33.2875 \times \$67.50 = \172.61 .

The respondent states in their position statement, "Non-Physician reimbursement allowance at 85% of the maximum allowable." However, the respondent did not support this reduction with any applicable Medicare Claims Processing Manual reference or applicable DWC rule. This reduction is not supported.

Previously paid by the respondent is \$146.72. The difference between the MAR (\$172.61) and amount paid is \$25.89. 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 Texas Hospital Insurance Exchange must remit to Global Anesthesia Services PLL \$25.89 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

June 23, 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.