



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Anesthesia Alliance of Dallas

Respondent Name

Travelers Property Casualty Co

MFDR Tracking Number

M4-25-2979-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

July 21, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 28, 2025	64468 59	\$192.94	\$0.00

Requestor's Position

"The carrier has denied payment of Code 64468 50 69 stating the medical report does not substantiate the billed charge. We sent a reconsideration and resubmitted the documentation for our procedure and the code billed. We received a 2nd denial for this code. We have provided the necessary documentation to support Code 64468 59, and our provider is due payment for this service."

Amount in dispute \$192.94

Respondent's Position

"The Provider contends they are entitled to separate reimbursement for CPT code 64468 (thoracic block injection). The Carrier contends this procedure is included in the primary surgical procedure, as this service is performed by the attending surgeon. Per the Medicare edits, the thoracic block injection is on separately reimbursable when administered for post-operative pain control..This block was administered 9.58 for a procedure that started at 7:49 and ended at 15:13. Based on documentation, this block injection was not provided for post-operative pain control. Therefore, it is not separately reimbursable."

Response Submitted by: Travelers

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

Denial Reasons

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

- W3 – Bill is a reconsideration or appeal.
- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 5458 – The medical report does not substantiate the billed charge.

Issues

1. Is Travelers' denial based on services not substantiated supported?
2. Is Anesthesia Alliance of Dallas entitled to additional reimbursement?

Findings

1. The requester is seeking reimbursement of code 64468 -59 (bilateral thoracic fascial plane block) administered during surgical procedure on February 28, 2025. The insurance carrier denied the charge as not being substantiated and the respondent states in their position statement, "...Based on the documentation, this block injection was not provided for post-operative pain control. Therefore, it is not separately reimbursable."

DWC Rule 28 TAC §134.203 (b) 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...

The National Correct Coding Initiative (NCCI) Manual at www.cms.gov, Chapter II Anesthesia Services CPT Codes 00000-01999 (B)(6) states

- 64400-64530 (Peripheral nerve blocks – bolus injection or continuous infusion)
- CPT codes 64400-64530 (Peripheral nerve blocks – bolus injection or continuous infusion) may be reported on the date of surgery if performed for postoperative pain management only if the operative anesthesia is general anesthesia, subarachnoid injection, or epidural injection and the adequacy of the intraoperative anesthesia is not dependent on the peripheral nerve block. Peripheral nerve block codes shall not be reported separately on the same date of service as a surgical procedure if used as the primary anesthetic technique or as a supplement to the primary anesthetic technique. **Modifier 59 or XU may be used to indicate that a peripheral nerve block injection was performed for postoperative pain management, rather than intraoperative anesthesia, and a procedure note shall be included in the medical record.**

Review of the submitted medical bill found the requester indicates the “59” modifier. As seen above, the 59 modifier is allowed to indicate postoperative pain management and a note should be included in the medical record. The submitted TMC Anesthesia record indicates anesthesia began at 7:49, the surgery started at 8:53, the block was administered at 9:58 and the surgery stop was at 14:41. The medical record did not include a procedure note that detailed how the administration of the block was for post-operative pain control. The insurance carrier’s denial is supported.

2. DWC finds Anesthesia Alliance of Dallas is not entitled to reimbursement of disputed code 64468 -59 as the required documentation for use of the 59 modifier was not found in submitted documentation.

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 not established that additional reimbursement of \$192.94 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

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.