



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Functional Recovery Associates, PLLC

**Respondent Name**

Pacific Indemnity Co.

**MFDR Tracking Number**

M4-25-3076-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

July 25, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 10, 2025	64493	\$331.85	\$0.00
February 10, 2025	64494	\$169.36	\$0.00
	<b>Total:</b>	\$501.21	\$0.00

### Requestor's Position

"It is our position that the charges are reasonable and well within the usual and customary charge for this type of procedure... We are formally submitting a medical dispute regarding the denial or underpayment of CPT codes 64493 and 64494 billed for the above-mentioned patient and date of service. These procedures were medically necessary, appropriately billed, and are supported by the accompanying ... documentation.

"CPT Code Justification:

- 64493: Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint), with image guidance (fluoroscopy or CT); ... , single level.
- 64494: Each additional level (List separately in addition to code for primary procedure).

"According to Medicare and Workers' Compensation fee schedules and guidelines, 64494 is an add-on code to 64493 and is not considered a duplicate procedure. Both codes were billed correctly and represent distinct levels treated in accordance with the patient's pain management plan.

"Dictation Summary Supporting Medical Necessity. This dictation supports that:

- Multiple spinal levels were treated.
- Image guidance was utilized.
- Each injection was performed at distinct, medically indicated levels."

**Amount in Dispute:** \$501.21

### **Respondent's Position**

"After a thorough review of the date of service in question, 02/10/2025, the bill has been reviewed in accordance with the above stated rules and the documentation submitted by the HCP. It has been determined that no payment is due as billed... The services documented as being rendered DO NOT match the single DX billed nor the CPT codes billed. As such, the services were denied as not documented in the record using CARC B12 (Svcs not documented in patient medical records) and 16 (Svc lacks info needed or has billing error(s). There is also a comment on line 1 that indicates: "Services not documented in patient medical records. There is a more appropriate CPT for procedure performed'."

**Response submitted by:** Corvel

### **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 §133.305](#) sets out general Medical Dispute Resolution guidelines.
3. [28 TAC §134.203](#) sets out fee guidelines for professional medical services.

#### Adjustment Reasons

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

- 16 - Svc lacks info needed or has billing error(s)
- B12 - Svcs not documented in patient medical records.
- 16P - Per Professional Review, no payment recommended.
- W3 - Appeal/ Reconsideration.

## Issues

1. What Rules apply to the reimbursement of the services in dispute?
2. Are the insurance carrier's denial reasons supported?
3. Is the requestor entitled to reimbursement for the disputed service?

## Findings

1. This request for medical fee dispute resolution (MFDR) involves professional services rendered in an ambulatory surgery center on February 10, 2025.  
DWC finds that Rule 28 TAC §134.203(b)(1) applies to reimbursement of the services in dispute, stating, "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 with any additions or exceptions in the rules."
2. Per a review of the explanation of benefits (EOB) documents submitted, the insurance carrier denied reimbursement for the disputed services based on the following denial reasons:
  - CPT code 64493, which is described as "Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), [body area]" was denied by the insurance carrier due to reason code B12, "Services not documented in patient medical records. There is a more appropriate CPT for procedure performed."
  - CPT code 64494 is an add on code to 64493 and is described as "Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), [body area] (List separately in addition to code for primary procedure)." This procedure code was denied by the insurance carrier due to reason code 16, "service lacks information needed or has billing error(s)" and reason code 16P, "Per professional review, no payment is recommended." This add on CPT code does not qualify for reimbursement when the primary code has been denied.

A review of the submitted operative report finds that the procedure performed on February 10, 2025, does not meet the definition of CPT codes 64493 and 64494.

Centers for Medicare & Medicaid Services (CMS) article [Billing and Coding: Facet Joint Interventions for Pain Management Article ID: A57787](#) supports that there is a more appropriate CPT code to describe the disputed procedure that was performed on February 10, 2025.

DWC finds that the insurance carrier's reasons for denial of the services in dispute are supported.

3. The requester is seeking reimbursement in the total amount of \$501.21 for disputed CPT codes 64493 and 64494 rendered on February 10, 2025, in an ambulatory surgical center. Because the insurance carrier's reasons for denial of the disputed services are supported, DWC finds that the requester is not entitled to reimbursement.

### 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 reimbursement is due.

### **Order**

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

### **Authorized Signature**

_____	_____	September 11, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).