



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Anesthesia Alliance of Dallas PA

Respondent Name

Gray Insurance Co Inc

MFDR Tracking Number

M4-26-0478-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 20, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 24, 2025	64468 59	\$192.94	\$192.94

Requester's Position

"Our code was billed with Modifier 59 indicating a separate, billable procedure is performed on the same date as anesthesia. This modifier is billed to indicate it is a separate procedure and is to be reimbursed separately. We also explained this post operative pain block was performed at the request of the surgeon performing the procedure on this patient for pain control after the procedure was complete, and is not inclusive to the anesthesia code."

Amount in Dispute: \$192.94

Respondent's Position

"We are also attaching a letter from the carrier's Bill Review Department, which explains why the reimbursement is not being allowed for CPT code number 64468-59. Specifically, the 59 modifier is not supported in the documentation that the provider submitted to the carrier. In other words, there is a lack of documentation to support the addition of a 59 modifier. The provider is not entitled to any reimbursement beyond what the carrier has already paid."

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 guideline for professional medical services.

Denial Reasons

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

- 435 – Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- G23 – Reimbursement has been calculated according to the anesthesia fee schedule guidelines.
- D50 – Documentation does not support this code for reimbursement. Results of professional review (RN, MD, DC, CPC, other medical professional).
- 316 – This procedure code was ranked as the primary service when considered for multiple procedure reduction. As a result no reduction was taken.
- G14 – Pricing is calculated based on the professional fee schedule facility site of service value.
- 252 – An attachment/other documentation is required to adjudicate this claim/service.
- 236 – This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the NCCI or workers compensation state regulations /fee schedule requirements.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- P12 – Workers compensation jurisdictional fee schedule adjustment.

Issues

1. Did the respondent support their position statement?
2. What rule is applicable to reimbursement?
3. Is the requester entitled to reimbursement?

Findings

1. The requester seeks reimbursement of code 64468 -59, Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed for date of service June 24, 2025. The insurance carrier denied this claim line based on CMS National Correct Coding Initiatives.

DWC Rule 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 payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

Review of the submitted medical bill found the requester submitted the 59 modifier (Distinct Procedure Service) with the disputed code.

The NCCI PTP CCI edits found at <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits> found an edit does exist however, the disputed code may be allowed reimbursement when a modifier with supporting documentation is found.

The submitted "Peripheral Nerve Block Anesthesia Procedure Note" indicates, the bilateral (illegible) spinal plane block was x-ray guided administered post op at the request of Dr. Battle, for management of post op pain." This information supports a separate and distinct procedure to code 00630 – Anesthesia for procedures in lumbar region; not otherwise specified. The insurance carrier's denial is not supported. The code 64465-59 will be reimbursed per applicable fee guidelines.

2. DWC Rule 28 Texas Administrative Code §134.203(c)(1) states,
 - (1) 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 is \$53.68...
 - (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year.

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

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR. In this instance,

- The date of service in dispute is June 24, 2025.
- The DWC Conversion Factor is \$88.1
- The CMS (Medicare) Conversion Factor is \$32.3465
- The allowable is based on carrier and location. The carrier is 00412. The zip code is 75080 (Richardson, TX) = \$70.88
- $88.10/32.3465 \times \$70.88 = \193.05

3. The Maximum Allowable Reimbursement (MAR) is \$193.05. The requester seeks \$192.94. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that respondent must remit to requester \$192.94 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November 13, 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 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.