



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

BAYLOR SURGICARE AT OAKMONT

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-10-5065-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

AUGUST 5, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Procedure code 64415 was performed by a separate physician on the same date of service in the same facility. The nerve block injection should be considered separately and paid."

Amount in Dispute: \$333.44

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary dated August 31, 2010: "The requestor billed codes 23410, 23120, and 64415 on date 5/5/10...The CCI Edits reflect code 64415 is not separately payable from code 23410...The requestor did not use a -59 modifier with the 64415 code. For these reasons Texas Mutual believes no payment is due for code 64415."

Respondent's Supplemental Position Summary dated April 13, 2011: "Texas Mutual Insurance Company received a Request...for the contract...Coventry Workers' Comp Services indicated to Texas Mutual that no such contract exists."

Responses Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 5, 2010	CPT Code 64415-SG-RT	\$333.44	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
- 28 Texas Administrative Code §134.402, titled *Ambulatory Surgical Center Fee Guideline*, effective August 31, 2008, sets out the reimbursement guidelines for ambulatory surgical care services.
- Texas Labor Code §413.011(d-3) states the division may request copies of each contract and that the insurance carrier may be required to pay fees in accordance with the division's fee guidelines if the contract is not provided in a timely manner to the division.
- 28 Texas Administrative Code §133.4, effective July 27, 2008, requires the insurance carrier to notify providers

of contractual agreements for informal and voluntary networks.

5. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - 217-The value of this procedure is included in the value of another procedure performed on this date.
 - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 724-No additional payment after reconsideration. Network contract applied by Texas Star Network.

Issues

1. Does a contractual agreement issue exist in this dispute?
2. Is the value of code 64415 included in the value of another service billed on the disputed date?
3. Is the requestor entitled to reimbursement?

Findings

1. According to the explanation of benefits, the carrier raised the issue of a network contract. The respondent's supplemental response indicates that "Coventry Workers' Comp Services indicated to Texas Mutual that no such contract exists." Therefore, a contractual agreement issue does not exist in this dispute.
2. 28 Texas Administrative Code §134.402(d) states " For coding, billing, and reporting, of facility services covered in this rule, Texas workers' compensation system participants shall apply the Medicare payment policies in effect on the date a service is provided with any additions or exceptions specified in this section."
The respondent denied reimbursement for CPT code 64415 based upon reason codes "CAC-97" and "217."
On the disputed date of service, the requestor billed codes 23410-SG-RT, 23120-SG-RT, and 64415-SG-RT.
CPT code 64415 is defined as "Injection, anesthetic agent; brachial plexus, single."
CPT code 23410 is defined as "Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute."
CPT code 23120 is defined as "Claviclectomy; partial."
According to Medicare's National Correct Coding Initiatives (CCI) Edits, CPT code 64415 is a component of CPT codes 23410 and 23120; however, a modifier is allowed to differentiate the service. The requestor did not use the modifier that differentiates the service; therefore, the respondent's denial based upon "CAC-97" and "217" is supported. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

04/11/2014

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.