



# 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](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

ANESTHESIA ALLIANCE OF DALLAS

**Respondent Name**

AMERICAN HOME ASSURANCE CO

**MFDR Tracking Number**

M4-14-2034-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

MARCH 10, 2014

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The documentation for this procedure is noted on the anesthesia record originally submitted with our claim. A copy of the anesthesia record is attached to this letter and the documentation for Code 99195 59 is highlighted."

**Amount in Dispute:** \$209.68

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Sumbitted appeal documentation does not support allowable. No additional allowance is recommended. 99195: The provider is billing for therapeutic phlebotomy for drawing 60ml of blood per the physician request for platelet rich plasma injection. Drawing 60ml of blood does not meet the code definition of therapeutic phlebotomy which is for removal of larger volumes of blood, often for hematological conditions. The minimum drawn for these procedures is usually 1 pint which is much more than the 60ml done for this procedure."

**Response Submitted by:** Gallagher Bassett Services, Inc.

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 5, 2013	CPT Code 99195-59 Phlebotomy, therapeutic (separate procedure)	\$209.68	\$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 medical fee disputes.
- 28 Texas Administrative Code §134.203 set out the fee guideline for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 19-Not a work related injury/illness and not the liability of the workers compensation carrier.
  - B1-Non-covered visit.
  - B12-Services not documented in patient's medical records.

- W1-Workers compensation state fee schedule adjustment.
- W3-Additional payment made on appeal/reconsideration.

### **Issues**

1. Does a compensability/liability issue exist in this dispute?
2. Does the documentation support billing code 99195-59? Is the requestor entitled to reimbursement?

### **Findings**

1. According to the submitted explanation of benefits, the respondent initially denied reimbursement for the disputed service based upon reason code "19", upon reconsideration the respondent did not maintain this denial reason; therefore, a compensability/liability issue does not exist in this dispute.
2. The respondent denied reimbursement for code 99195-59 based upon reason code "B12".

28 Texas Administrative Code §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 payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

CPT code 99195 is defined as "Phlebotomy, therapeutic (separate procedure)".

A review of the Anesthesia Record indicates "Blood draw for PRP intubated in OR." On the Request for Reconsideration letter the requestor noted "PRP stands for platelet rich plasma. For certain orthopedic procedures, the provider draws about 60ml of blood and gives it to technicians who centrifuge it. The surgeon then takes the platelet rich portion of the blood and inserts it in to the patient's wound and synovium. This is done for more complete hemostasis, and improved wound healing."

The respondent states that "The provider is billing for therapeutic phlebotomy for drawing 60ml of blood per the physician request for platelet rich plasma injection. Drawing 60ml of blood does not meet the code definition of therapeutic phlebotomy which is for removal of larger volumes of blood, often for hematological conditions. The minimum drawn for these procedures is usually 1 pint which is much more than the 60ml done for this procedure."

The National Correct Coding Initiative Manual defines "separate procedure" as "The narrative for many HCPCS/CPT codes includes a parenthetical statement that the procedure represents a "separate procedure". The inclusion of this statement indicates that the procedure can be performed separately but should not be reported when a related service is performed. A "separate procedure" should not be reported when performed along with another procedure in an anatomically related region through the same skin incision or orifice, or surgical approach."

The Division finds that because code 99195 has the parenthetical statement "separate procedure" the CCI policy applies.

A review of the submitted documentation finds that the documentation does not support therapeutic phlebotomy per the code descriptor. As a result, no reimbursement is 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

01/21/2015  
Date

**YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request 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 §141.1(d).

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