



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

JAMES T. ROBISON IV, MD

Respondent Name

FIRST LIBERTY INSURANCE CORP

MFDR Tracking Number

M4-14-3216-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

JUNE 23, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Attached you will find supportive documentation that CPT Code 69990 is separate and billable code that should not be bundled with another code. You will find proper billing guidelines for CPT Code 69990, [Claimant's] operative report, and two examples other workers' compensation carrier that PAID CPT Code 69990."

Amount in Dispute: \$1,030.75

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "According to National Correct Coding rules, there are multiple NCCI conflicts with this code when billed with CPT 26356, 35207, 64831, 64832. The code is considered bundled to multiple procedures billed on this date of service. Please note that a modifier 59 would not change the outcome as CPT 69990 is not a separate and distinct procedure warranting separate reimbursement. In short, the code is considered bundled to the other procedures performed."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 21, 2014	CPT Code 69990 Microsurgery Techniques	\$1,030.75	\$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, effective May 25, 2008, 33 *Texas Register* 3954, sets out the procedures for resolving a medical fee dispute.
- 28 Texas Administrative Code §134.203 set out the fee guidelines 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:
 - 214-No code description noted.
 - U693-By clinical practice standards, this procedure is incidental to the related primary procedure billed.

- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

Is the allowance for CPT code 69990 included in the allowance of another procedure performed on the disputed date of service? Is the requestor entitled to reimbursement?

Findings

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.”

On the disputed date of service the requestor billed CPT codes 35207-51, 64831-51, 64832, 69990, 26356, and 26356-51.

- CPT code 35207 is defined as “Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure).”
- CPT code 64831 is defined as “Suture of digital nerve, hand or foot; 1 nerve.”
- CPT code 64832 is defined as “Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure).”
- CPT code 69990 is defined as “Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure).”
- CPT code 26356 is defined as “Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon.”

The requestor appended modifier “51-Multiple Procedures” to codes 35207, 64831 and 26356.

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.”

Per CCI edits, CPT code 69990 is a component of code 26356. Per CCI edits a modifier is not allowed to differentiate the service. Therefore, the respondent’s denial based upon reason code “U693” is supported. 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

Date

03/05/2015

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.