



# 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**

Texas Bone & Joint Center

**Respondent Name**

Liberty Mutual Insurance Co

**MFDR Tracking Number**

M4-15-0484-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

October 3, 2014

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "Liberty Mutual denied CPT code 29876 and 20610 documentation does not support level of service billed. The synovectomy and loose body removal along with the intraarticular injection is clearly documented in pate two paragraph three and page three paragraph one of the operative report."

**Amount in Dispute:** \$3,764.77

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Regarding this bill and date of service, the appending of the modifier 59 is not supported."

**Response Submitted by:** Liberty Mutual Insurance

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 13, 2014	29876, 20610	\$3,764.77	\$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 sets out the reimbursement guidelines for professional medical services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - X901 – Documentation does not support level of service billed
  - 193 – Original payment decision is being maintained

#### **Issues**

- Did the requestor support the level of service billed?
- Did the carrier pay in accordance with Division guidelines?

## **Findings**

1. Per 28 Texas Administrative Code §134.203(b) 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” and (c) states in pertinent part, “To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) 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 (date of service yearly conversion factor). For Surgery when performed in a facility setting, the established conversion factor to be applied is (date of service yearly conversion factor). Review of the submitted medical bill finds the following;
  - Procedure code 29888, service date January 13, 2014, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 14.3 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 14.5002. The practice expense (PE) RVU of 11.31 multiplied by the PE GPCI of 1.013 is 11.45703. The malpractice RVU of 2.68 multiplied by the malpractice GPCI of 0.803 is 2.15204. The sum of 28.10927 is multiplied by the Division conversion factor of \$69.98 for a MAR of \$1,967.09.
  - Procedure code 29880, service date January 13, 2014, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 7.39 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 7.49346. The practice expense (PE) RVU of 7.31 multiplied by the PE GPCI of 1.013 is 7.40503. The malpractice RVU of 1.39 multiplied by the malpractice GPCI of 0.803 is 1.11617. The sum of 16.01466 is multiplied by the Division conversion factor of \$69.98 for a MAR of \$1,120.71. Review of the Medicare Fee schedule finds this procedure is subject to Multiple Procedure discounting or, “When multiple surgical procedures are performed in the same operative session that are subject to the multiple procedure discount, contractors pay 100 percent of the highest paying surgical procedure on the claim, plus 50 percent of the applicable payment rate(s) for the other covered surgical procedures subject to the multiple procedure discount that are furnished in the same session. The MAR of \$1,120.71 ÷ 50% = \$560.36
  - Per Medicare policy, procedure code 29876, service date January 13, 2014, may not be reported with the procedure code for another service billed on this same claim without documentation to support a different session, procedure or surgery, site or organ system, or separate incision or excision. Review of the submitted documentation finds no evidence of any of the required elements to support the use of the 59 modifier. No additional payment is recommended.
  - Per Medicare policy, procedure code 20610, service date January 13, 2014, may not be reported with the procedure code for another service billed on this same claim without documentation to support a different session, procedure or surgery, site or organ system, or separate incision or excision. Review of the submitted documentation finds no evidence of any of the required elements to support the use of the 59 modifier. No additional payment is recommended.
2. The total allowable reimbursement for the services in dispute is \$2,527.45. This amount less the amount previously paid by the insurance carrier of \$2,527.45 leaves an amount due to the requestor of \$0.00. No additional reimbursement can be 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

December 8, 2014  
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.**