



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

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-15-1408-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

JANUARY 9, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Enclosed you will find supportive documentation that indicated CPT Code 69990 is a separate and billable code and should not be bundled. I have included the operative report, billing guidelines for CPT Code 69990, as well as, explanation of benefits from Medicare and workers' compensation carriers that have paid CPT Code 69990."

Amount in Dispute: \$1,030.75

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor performed surgical services to the claimant on the date above and Texas Mutual pertinent codes 26951, 64776, and 69990 with modifiers -58 and -78. Texas Mutual reviewed the billing and the NCCI Edits, and found that a modifier is not permissible for the coding relationship between 26951 and 69990, and not permissible between 64776 and 69990. In other words, code 69990 is not separately payable when billed with codes 26951 and 64776. For that reason payment was denied for code 69990-58-78. The requestor provided EOBs from other payers and Medicare showing payment of code 69990. However, the other codes on those EOBs are not 26951 or 64776."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 21, 2014	CPT Code 69990-58-78- 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:

- CAC-236-This billing code is not compatible with another billing code provided on the same day according to NCCI or workers compensation state regulations/fee schedule requirements.
- CAC-W3, 350-In accordance with TDI_DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 435-Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure.
- 878-Appeal (request for reconsideration) previously processed. Refer to rule 133.250(H).
- CAC-18-Exact duplicate claim/service.

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

According to the explanation of benefits, the respondent denied reimbursement for CPT code 69990 based upon reason codes "CAC-236" and "435."

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 64476-58-78, 26951-58-78, 69990-58-78, 11012-58-78 and 64776-58-78.

- CPT code 64776 is defined as "Excision of neuroma; digital nerve, 1 or both, same digit."
- CPT code 26951 is defined as "Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure."
- CPT code 69990 is defined as "Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)."
- CPT code 11012 is defined as "Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone."

The requestor appended modifier "58-Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period" and "78-Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period ."

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 codes 26951, 11012 and 64776. Per CCI edits a modifier is not allowed to differentiate the service. Therefore, the respondent's denial based upon reason codes "CAC-236" and "435" 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

08/13/2015

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.