



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

STEVEN W. MICHELSEN, DO

Respondent Name

TRAVELERS INDEMNITY CO

MFDR Tracking Number

M4-15-1467-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

JANUARY 16, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The CPT modifier 59 was developed by the American Medical Association explicitly for the purpose of identifying services not typically performed together...The appropriateness of appending modifier 59 on CPT 29105 is clearly documented within the patient's chart (attached) and should be recognized by Travelers. Based on the circumstances of this case, we are requesting that CPT code 29105 be considered for separate reimbursement and not bundled under payment for the procedure."

Amount in Dispute: \$170.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Claimant underwent surgery where a right biceps tendon debridement was performed and a long splint placed. The Provider billed CPT codes 24358 and 29105. The Carrier reviewed the billing and reimbursed CPT code 24358 as the primary procedure, and denied reimbursement for CPT code 29105 as reimbursement was included in the primary procedure."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: September 25, 2014, CPT Code 29105-59-RT Application of long arm splint (shoulder to hand), \$170.00, \$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

- 1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
- 59, 97, 4063-Reimbursement is based on the physician fee schedule when a professional service was performed in th.

- 78-Charge exceeds mult surgery rates.
- 86-Svc distinct from other svcs.
- 243-Allowance included in another svc.
- W3-Appeal/Reconsideration.
- 193-Original payment decision is being maintained.
- 947-Upheld no additional allowance has been recommended.
- 974-This procedure is included in the basic allowance of another procedure.

## **Issues**

Is the allowance of CPT code 29105-59-RT included in the allowance of another service/procedure billed on the disputed date of service?

## **Findings**

According to the explanation of the respondent denied reimbursement for CPT code 29105-59-RT based upon the allowance was included in another procedure performed on the disputed date of service.

On the disputed date of service, the requestor billed codes 29105-59-RT and 24358-RT.

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.”

Per CCI edits, CPT code 29105 is a component of 24358; however, a modifier is allowed to differentiate the service. A review of the submitted bill finds that the requestor appended modifier “59” to code 29105.

Modifier 59 is defined as “Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.”

A review of the operative report finds that the claimant underwent “Right lateral epicondylar debridement and debridement of tendinosis to the lateral application of long-arm splint.” The submitted documentation does not support a different session, different procedure or surgery, different site or organ system, or separate injury (or area of injury in extensive injuries) to support the use of modifier “59”. The Division finds that CPT code 29105 is a component of code 24358. 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**

		05/20/15
Signature	Medical Fee Dispute Resolution Officer	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, 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 MFDR 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.**