



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

Magnolia Strong Group, Inc.

Respondent Name

Liberty Mutual Fire Insurance

MFDR Tracking Number

M4-15-1745-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

February 10, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Our office received partial payments regarding the aforementioned patient for dates of service...08/18/2014, 08/19/2014, 08/20/2014, 08/21/2014, 08/25/2014, 08/26/2014, 08/27/2014, and 08/28/2014. CPT code 97535 was denied per CCI Edits. Enclosed you will find the following:

- 1. The CCI 19.0 Correct Coding Initiative Edits showing that CPT 97535 can be billed with CPT code 97532, 97530, and 97537.
2. A copy of the original claims.
3. Copies of the partial payment EOBs.

Please review and remit payment."

Amount in Dispute: \$2200.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "We base our payments on the Texas Fee Guidelines and the Texas Department of Insurance Division of Workers' Compensation Acts and Rules. This is not a network claim.

This is an amendment to our previous letter of March 2. In that response we indicated that the charges were being resubmitted and that an additional EOB would be issued. The charge in question is actually included in additional procedures billed and separate reimbursement is only allowed with a modifier. The modifier -59 was not billed with code 97535. Our position remains the same and no additional reimbursement is being issued."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: August 18 - 28, 2014, Self-care/home management training, \$2200.00, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for billing and reimbursing professional medical services.
3. 28 Texas Administrative Code §133.240 sets out the procedures for payment and denial of medical bills.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 97 – Not defined as required by 28 Texas Administrative Code §133.240, but the ASC defines the code as “The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.”
 - MX59 – Per NCCI, the procedure code is denied, as included in a more extensive procedure. Procedure included in 97530.
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed services with claim adjustment reason code MX59 – “Per NCCI, the procedure code is denied, as included in a more extensive procedure. Procedure included in 97530.” 28 Texas Administrative Code §134.203 (b) requires that “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” [emphasis added].

Review of the submitted information finds that the disputed CPT Code 97535 was billed with CPT Codes 97532-59, 97530-59, and 97537-59 for all dates of service in question. Medicare (2012) states, “If a provider submits the two codes of an edit pair for the same beneficiary on the same date of service, the Column 1 code is eligible for payment and the Column 2 code is denied. However, if both codes are clinically appropriate and an appropriate NCCI-associated modifier is used, the codes in both columns are eligible for payment ... (1) Column 1 indicates the payable code. (2) Column 2 contains the code that is not payable with this particular Column 1 code, unless a modifier is permitted and submitted” [How to Use the Medicare National Correct Coding Initiative (NCCI) Tools, p. 5]. A review of the NCCI Edits for the codes billed on the dates of service in question finds that 97530 is a Column 1 code with 97535 in Column 2, with a modifier permitted. Therefore, this CPT Code 97535 is not payable unless a modifier is submitted. Reviewing the submitted documentation finds that no modifier was appended to CPT Code 97535 on any date of service in question.

Therefore, the insurance carrier's denial reason is supported.

2. Because the insurance carrier's denial is supported for the disputed service, no further 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

Laurie Garnes
Medical Fee Dispute Resolution Officer

May 15, 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, 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.