



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

ETMC First Physicians

Respondent Name

Service Lloyds Insurance Company

MFDR Tracking Number

M4-15-2065-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

March 10, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The above patient and date of service and billed amount claim denied as included in the surgery global period, and procedure/modifier combination not compatible with another procedure on same day. The original modifier used was 57-decision for surgery we corrected modifier to 25 and filed an appeal which was denied as well for original decision upheld per Medicare guidelines both modifier are good and appropriate and claim should have been processed and paid please review all pertinent information and have the workers comp carrier to review and process our claim for payment."

Amount in Dispute: \$198.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...AMA CPT® Section Guidelines – 99221

New or Established Patient Initial Hospital Inpatient Care Services 99221-99223

The following codes are used to report the first hospital inpatient encounter with the patient by the admitting physician. For initial inpatient encounters by physicians other than the admitting physician, see initial inpatient consultation codes (99251-99255) or subsequent hospital care codes (99231-99233) as appropriate.

When the patient is admitted to the hospital as an inpatient in the course of an encounter in another site of service (eg, hospital emergency department, observation status in a hospital, office, nursing facility) all evaluation and management services provided by that physician in conjunction with that admission are considered part of the initial hospital care when performed on the same date as the admission. The inpatient care level of service reported by the admitting physician should include the services related to the admission he/she provided in the other sites of service as well as in the inpatient setting.

Evaluation and management services including new or established patient office or other outpatient services (99201-99215), emergency department services (99281-99285), nursing facility services (99304-99318), domiciliary, rest home, or custodial care services (99324-99337), home services (99341-99350), and preventive medicine services (99381-99397) on the same date related to the admission to 'observation status' should not be reported separately. For a patient admitted and discharged from observation or inpatient status on the same date, the services should be reported with codes 99234-99236 as appropriate.

AMA CPT® Section Guidelines – 27532 and 20690

CPT Surgical Package Definition

By their very nature, the services to any patient are variable. The CPT codes that represent a readily identifiable surgical procedure thereby include, on a procedure-by-procedure basis, a variety of services. In defining the specific services ‘included’ in a given CPT surgical code, the following services related to the surgery when furnished by the physician or other qualified health care professional who performs the surgery are included in addition to the operation per se:

- Evaluation and Management (E/M) service(s) subsequent to the decision for surgery on the day before and/or day of surgery (including history and physical);
- Local infiltration, metacarpal/metatarsal/digital block or topical anesthesia;
- Immediate postoperative care, including dictating operative notes, talking with the family and other physicians or other qualified health care professionals;
- Writing orders;
- Evaluating the patient in the post-anesthesia recovery area; and
- Typical postoperative follow-up care

Respondent's Position Summary

CorVel maintains the requestor, Joseph Michael Conflitti, MD is not entitled to reimbursement for date of service 10/13/14 in the amount of \$198.00 for CPT Code 99221 (-25) based on the AMA CPT Surgical Package Definition. AMA CPT Section Guidelines advise in the surgical package definition E/M service(s) subsequent to the decision for surgery and post-anesthesia in the recovery area are considered ‘inclusive’ services related to the surgery when furnished by the physician or other qualified health care professional who performs the surgery. Moreover, the requestor has failed to provide documentation reflecting a significant, separately identifiable (E/M) service was performed by the same physician on the same day of the procedure.

Per AMA CPT Section Guidelines when the patient is admitted to the hospital as an inpatient in the course of an encounter in another site of service (eg, hospital emergency department, observation status in a hospital, office, nursing facility) all evaluation and management services provided by that physician in conjunction with that admission are considered part of the initial hospital care when performed on the same date as the admission. Please note the injured employee was admitted through the emergency department by Dr. Bradley O. King, MD. (See enclosed EOB) Therefore, all E/M services in conjunction with the admission on 10/13/14 provided by Dr. King are considered part of the initial hospital care.

Given no violation of the Workers’ Compensation Act or division rules, CorVel respectfully requests the division render a decision indicating the requestor is not entitled to reimbursement for the charges in dispute based on AMA CPT coding guidelines and division rules.”

Response Submitted by: CorVel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 13, 2014	Initial Hospital Care (99221-25)	\$198.00	\$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 medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for billing and reimbursing professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 236 – This proc or proc/mod combo not compatible w/another proc on same day
 - R13 – Visit falls within a surgery follow-up period

Issues

- 1. Did the requestor support the disputed services?
- 2. Is the requestor entitled to reimbursement?

Findings

- 1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, “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; ... and other payment policies in effect on the date a service is provided...” Review of the submitted documentation finds that the dispute involves evaluation and management service, CPT Code 99221.

The American Medical Association (AMA) CPT code description for 99221 is:

Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit. This code excludes inpatient E&M services provided by other than the admitting physician.

Further, the dispute includes modifier ‘25’ with the above code. This modifier is defined as “significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service.” Additionally, the AMA CPT Manual states, “This modifier is not used to report an E/M service that resulted in a decision to perform surgery.”

28 Texas Administrative Code §133.307 (c)(2) states, in relevant part, “...The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division...The request shall include: (M) a copy of all applicable medical records related to the dates of service in dispute.” Review of the submitted documentation did not find medical records to support CPT Code 99221 with modifier 25. Therefore, the requestor did not support the disputed services.

- 2. Because the requestor did not support the disputed services, 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	Laurie Garnes Medical Fee Dispute Resolution Officer	April 21, 2015 Date
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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.