



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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

FONDREN ORTHOPEDIC GP, LLP

Respondent Name

LM INSURANCE CORP

MFDR Tracking Number

M4-18-3999-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

JUNE 15, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Procedure code was denied as bundled. We added a 59 modifier. We have added the coded operative report. Please reprocess."

Amount in Dispute: \$1,000.38

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CPT 29895-59...was denied as it flags a National Correct Coding Initiative (NCCI) edit with both CPT codes 27698...and 29898...Modifier 59 is not supported as the synovectomy (29895) was performed on the same anatomic site (left ankle) during the same operative session. The operative record clearly shows that through the same arthroscopic portal both the synovectomy and debridement were performed."

Response Submitted By: Liberty Mutual Insurance

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|------------------|----------------------|-------------------|------------|
| October 18, 2017 | CPT Code 29895-59-LT | \$1,000.38 | \$00.00 |

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, effective March 1, 2008, sets out the reimbursement guidelines for

professional services.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - X901-Documentation does not support level of service billed.
 - 193, W3-The charge for this procedure exceeds the fee schedule allowance.

Issues

Is the requestor entitled to reimbursement for CPT code 29895-59-LT rendered on October 18, 2017?

Findings

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...”

According to the explanation of benefits, the respondent denied reimbursement for code 29895-59-LT based upon reason “X901-Documentation does not support level of service billed.” The respondent contends that reimbursement is not due because “CPT 29895-59...was denied as it flags a National Correct Coding Initiative (NCCI) edit with both CPT codes 27698...and 29898...Modifier 59 is not supported as the synovectomy (29895) was performed on the same anatomic site (left ankle) during the same operative session. The operative record clearly shows that through the same arthroscopic portal both the synovectomy and debridement were performed.”

On the disputed date of service the requestor billed CPT codes 29895-59-LT, 27698-LT and 29898-LT. Only code 29895-59-LT is in dispute. These codes are described as:

- CPT code 29895-59-LT is defined as “Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial.”
- CPT code 27698-“Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure).”
- CPT code 29898-“Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive.”

Per NCCI edits, CPT code 29895-59-LT has a CCI conflict with codes 27698-LT and 29898-LT; however, a modifier is allowed to differentiate the service. Modifiers “59-Distinct Procedural Service” and “LT-Left side” was appended to code 29895.

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.”

Based upon the Operative report, all of the procedures, codes 29895, 29898 and 27698, were performed on the left ankle. The use of modifier 59 is not supported because the procedures were performed at same session, same site, same lesion, same injury; therefore, 29895 cannot be reported with 29898 and 27698. As a result, reimbursement is not 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 07/03/2018

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.