



# 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

TEXAS HEALTH OF STEPHENVILLE

Respondent Name

ACE AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-19-0925-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

October 15, 2018

#### REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CPT code 96374-XU should of paid due to modifier XU being present which does not overlap components of main service CPT code 99284-25."

Amount in Dispute: \$368.83

#### RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The intravenous push is inclusive to the emergency room visit (CPT 99284) billed on the same date of service."

Response Submitted by: Constitution State Services

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
July 14, 2018	Outpatient Hospital Services: 96374-XU	\$368.83	\$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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.403 sets out the hospital facility fee guideline for outpatient services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 97 – PAYMENT ADJUSTED BECAUSE THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
  - P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
  - 802 – CHARGE FOR THIS PROCEDURE EXCEEDS THE OPPS SCHEDULE ALLOWANCE
  - 8751 - After review, the billed service is not reimbursable based on AMA guidelines. The billed service is considered inclusive into the surgical service billed.
  - 18 – EXACT DUPLICATE CLAIM/SERVICE
  - W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
  - 247 – A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE

## Issues

Is the insurance carrier's denial of payment supported?

## Findings

This dispute regards procedure code 96374-XU, administration of drug by intravenous push injection in an outpatient hospital setting. This service is subject to DWC's *Hospital Facility Fee Guideline*, Rule §134.403.

The insurance carrier denied the service with claim adjustment reason codes:

- 97 – PAYMENT ADJUSTED BECAUSE THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED; and
- 8751 - After review, the billed service is not reimbursable based on AMA guidelines. The billed service is considered inclusive into the surgical service billed.

The respondent asserts that "The intravenous push is inclusive to the emergency room visit (CPT 99284) billed on the same date of service."

The requestor contends that "CPT code 96374-XU should of paid due to modifier XU being present which does not overlap components of main service CPT code 99284-25."

Rule §134.403(d) requires that for coding, billing, reporting, and reimbursement of covered health care, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided, with any additions or exceptions as specified by division rules.

Medicare payment policies require use of the Correct Coding Initiative (CCI) procedure-to-procedure (PTP) edits, which helps to ensure that extra payment is not made for component services that are already included in the payment for other services on the bill. The policy allows in certain cases for providers to append a modifier to the procedure code to indicate the service meets some exception to the edits and merits separate payment as a distinct and separate service. Use of a modifier must be supported by the medical record. Modifiers should not be used solely to receive extra payment.

There are two different sets of edits: one for medical practitioners and one for hospitals. The provider is a hospital. Review of the CCI hospital PTP edits finds that while there is no code pair edit for 96374 with visit code 99284 (as the respondent asserts in the position statement), there is however a conflict with CPT code 12001 billed on the same date. CPT 12001 represents surgical repair of wounds. The standards of surgical practice include administration of drugs (such as anesthetics and antibiotics) as a component service of wound repair.

This edit allows for a modifier to distinguish separate services if supported by the medical record. The provider billed code 96374 with modifier XU, indicating an unusual service that does not overlap the components of the primary surgery. Review of the submitted medical records finds that the IV push injection involved administering Cefazolin (ANCEF) solution, an antibiotic. This service is a usual component of wound repair surgery.

No unusual circumstances were noted in the record to support the service as non-overlapping or separate from component services included with the surgery. The requestor did not explain or justify in the medical record or in their MFDR position statement how the service was unusual or distinct from the components of the primary surgery.

The insurance carrier's denial reasons are supported. No additional reimbursement is recommended.

## Conclusion

The division emphasizes that the findings in this decision are based on the evidence presented by the requestor and respondent available at the time of review. Even though not all the evidence was discussed, it was considered.

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 on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

\_\_\_\_\_  
Signature

Grayson Richardson  
Medical Fee Dispute Resolution Officer

November 30, 2018  
Date

***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307. 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 form's instructions. The division must receive the request within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered either to the division, using the contact information listed on the form, or to the field office handling the claim.

The party seeking review must deliver a copy of the request to all parties involved in the dispute at the same time the request is filed. Include a copy of this *Medical Fee Dispute Resolution Findings and Decision* together with any other information required by 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.