



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

MARK R. BRINKER, MD

Respondent Name

CHARTER OAK FIRE INSURANCE CO

MFDR Tracking Number

M4-19-2400-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

DECEMBER 31, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Per the American Academy of Orthopedic Surgeons (AAOS) complete Global Service Data for Orthopedic Surgery, Code 29875 is not included in the global package for 29880 when performed in a separate compartment. Code 29880 was performed in the medial and lateral compartments, whereas code 29875/59/RT was done in the patella compartment."

Amount in Dispute: \$572.08

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier denied reimbursement on the basis that the reimbursement for the disputed services was included in reimbursement for the primary service rendered, CPT code 27495."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 29, 2018	CPT Code 13121-59 Repair, Complex, Scalp, Arms, and/or Legs; 2.6 cm to 7.5 cm	\$572.08	\$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, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
- The services in dispute were reduced/denied by the respondent with the following 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.
- 59-Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.
- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 4063-Reimbursement is based on the physician fee schedule when a professional service was performed in the facility setting.
- 78-The allowance for this procedure was adjusted in accordance with multiple surgical procedure rules and/or guidelines.
- 86-Service performed was distinct or independent from other services performed on the same day.
- 243-The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed.

Issues

Is the value of CPT code 13121-59 included in the value of code 27495-RT billed on the disputed date? Does the documentation support a separate service? Is the requestor entitled to reimbursement?

Findings

The requestor is seeking reimbursement of \$572.08 for CPT code 13121-59 rendered on May 29, 2018.

28 Texas Administrative Code §134.203(b)(1) "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: 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."

According to the explanation of benefits, the respondent denied reimbursement for code 13121-59 based upon 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 "243-The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed."

On the disputed date of service, the requestor billed CPT codes 27495-RT, 20680-RT and 13121-59.

Per CCI edits, CPT code 13121 is a component of CPT code 27495; however, a modifier is allowed to differentiate the service. A review of the requestor's billing finds that the requestor appended modifier "59-Distinct Procedural Service" to CPT code 13121.

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."

The requestor's Operative Report does not support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury to support use of modifier 59; therefore, the requestor did not support position that code 13121 is not included in the allowance of 27495. As a result, the respondent's denial of payment based upon reason codes "97" and "243."

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
		<u>01/30/2019</u>

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.