



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 GROUP, LLP

Respondent Name

FEDERAL INSURANCE CO

MFDR Tracking Number

M4-19-3177-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

FEBRUARY 15, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: We do not find that the charge is compensable and is not subject to bundling in this case according to Medicare guidelines. Documentation to support billed charges are attached."

Amount in Dispute: \$655.38

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The National Correct Coding Initiative Policy Manual for Medicare Services Chapter 1, (J), effective January 1, 2018 defines 'separate procedure'...the CPT code may not be reported separately with a related procedure."

Response Submitted by: Corvel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 20, 2018	CPT Code 29884-LT Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	\$655.38	\$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 claims adjustment reason codes:

- 97-Charge included in another charge or service.
- W3-Appeal/reconsideration.

Issues

Is the respondent's denial of payment for code 29884-LT supported? Is the requestor entitled to reimbursement?

Findings

The fee guidelines for disputed services is found at 28 Texas Administrative Code §134.203.

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 29884-LT based upon reason code "97-Charge included in another charge or service."

On the disputed date of service, the requestor billed CPT codes 27427-LT and 29884-LT.

The respondent maintains the denial of payment for code 29884-LT based upon "The National Correct Coding Initiative Policy Manual for Medicare Services Chapter 1, (J), effective January 1, 2018 defines 'separate procedure' ...the CPT code may not be reported separately with a related procedure."

The National Correct Coding Initiative Policy Manual for Medicare Services Chapter 1, (J), effective January 1, 2018, defines "separate procedure" as:

If a CPT code descriptor includes the term "separate procedure", the CPT code may not be reported separately with a related procedure. CMS interprets this designation to prohibit the separate reporting of a "separate procedure" when performed with another procedure in an anatomically related region often through the same skin incision, orifice, or surgical approach.

A CPT code with the "separate procedure" designation may be reported with another procedure if it is performed at a separate patient encounter on the same date of service or at the same patient encounter in an anatomically unrelated area often through a separate skin incision, orifice, or surgical approach. Modifier 59 or a more specific modifier (e.g., anatomic modifier) may be appended to the "separate procedure" CPT code to indicate that it qualifies as a separately reportable service.

The Division finds that because code 29884 has the parenthetical statement "separate procedure" the CCI policy applies. Based upon the Operative report, code 29884 was performed at the same anatomically related region (left knee) as the other procedures performed on the disputed date. In addition, the requestor did not bill with appropriate modifier per CCI policy to indicate that it qualified as a separately reportable service. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that 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

03/21/2019
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.