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
WELLSTONE HEALTH PARTNERS

Respondent Name
FIRE INSURANCE EXCHANGE

MFDR Tracking Number
M4-19-4649-01

Carrier's Austin Representative
Box Number 14

MFDR Date Received
JUNE 25, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Procedure code 20610-58-LT was denied because of bundling. We are aware that patients global period does not expire until 03-06-2019, that is why there is a modifier -58 was added to procedure 20610. Modifier 58 is sued for staged or related procedure or service by the same physician during the postoperative period."

Amount in Dispute: $148.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Post op pain management in same anatomical site of procedure performed by same provider is included in CPT 29881 done on 12/06/18 and not separately reimbursed per CMS guidelines. No additional allowance recommended."

Response Submitted By: CorVel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 26, 2019	CPT Code 20610-58-LT	$148.00	

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, 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:
   - 58-Staged or related procedure.
   - LT-Left side
   - RAM-Not separately payable in surgery follow-up period.
   - 97-Charge included in another charge or service.
   - Post-Op pain management in same anatomical site of procedure performed by same provided is included in CPT 29881 done on 12/06/2018 and not separately reimbursed per CMS guidelines. No additional allowance recommended.

Issues

Is the requestor entitled to reimbursement for CPT code 20610-58-LT rendered on February 26, 2019?

Findings

1. The fee guidelines for disputed services are found in 28 Texas Administrative Code §134.203.
2. The insurance carrier denied reimbursement for CPT code 20610-58-LT, based upon reason codes: "97-Charge included in another charge or service," "RAM-Not separately payable in surgery follow-up period," and "Post-Op pain management in same anatomical site of procedure performed by same provided is included in CPT 29881 done on 12/06/2018 and not separately reimbursed per CMS guidelines. No additional allowance recommended."
3. 28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."
4. CPT code 20610 is described as "Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance."

   The requestor appended modifier "58" to code 20610. Modifier 58 is described as "Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period -It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure."

5. The issue in dispute is whether or not CPT code 20610-58-LT is included in the global surgery package of CPT code 29881 performed on December 6, 2018.

6. CPT code 29881 is described as "Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed." CPT code 29881 has a 90 day global surgery post-operative period.

7. A review of the submitted documentation finds that the requestor performed CPT code 20610 during the 90 day global surgery post-operative period. Therefore, the Division finds that the Medicare policy on post-operative global fee surgical package applies to the service in dispute.

8. *Medicare Claims Processing Manual, Chapter 12, Physicians/Nonphysician Practitioners, Section (40.2)(A)(6), Billing Requirements for Global Surgery* states*:*

To ensure the proper identification of services that are, or are not, included in the global package, the following procedures apply.

A. Procedure Codes and Modifiers

Use of the modifiers in this section apply to both major procedures with a 90-day postoperative period and minor procedures with a 10-day postoperative period (and/or a zero day postoperative period in the case of modifiers "-22" and "-25").

6. Staged or Related Procedures

Modifier "-58" was established to facilitate billing of staged or related surgical

procedures done during the postoperative period of the first procedure. This modifier is not used to report the treatment of a problem that requires a return to the operating room. The physician may need to indicate that the performance of a procedure or service during the postoperative period was:
a. Planned prospectively or at the time of the original procedure;
b. More extensive than the original procedure; or
c. For therapy following a diagnostic surgical procedure.
These circumstances may be reported by adding modifier "-58" to the staged procedure. A new postoperative period begins when the next procedure in the series is billed.

9. The respondent wrote, "The patient was, first seen by this provider on 11/5/18 when the decision for surgery was, made. In the medical notes from date of service 02/26/19, there is no indication that a post-surgical injection was planned. The post-surgical injection in question was used for pain management and is included in the global surgery reimbursement."
10. A review of the submitted medical reports find that the requestor did not support the injection was planned at the time of the original procedure, was more extensive than the original procedure, or was for therapy following a diagnostic surgical procedure. Therefore, the Division finds that the disputed injection is global to code 29881. 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	7/25/2019 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, 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.