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
BAYLOR SURGICARE AT OAKMONT

Respondent Name
HARTFORD FIRE INSURANCE COMPANY

MFDR Tracking Number
M4-19-5264-01

Carrier's Austin Representative
Box Number 47

MFDR Date Received
August 23, 2019

Response Submitted By
The Hartford

REQUESTOR'S POSITION SUMMARY

"The 2019 National Correct Coding Initiatives Manual, Chapter 2, states 'A peripheral nerve block injection (CPT code 64415) for postoperative pain management may be reported separately with a 59 modifier if procedure was done under general anesthesia'."

RESPONDENT'S POSITION SUMMARY

"The date of service in dispute was processed in accordance with Texas Workers' Compensation Guidelines… This edit CANNOT be overridden via CCI-associated modifiers."

SUMMARY OF DISPUTE

Dates of Service	Disputed Services	Dispute Amount	Amount Due
April 4, 2019	Ambulatory Surgical Center Services: CPT 64415	$456.06	$0.00

AUTHORITY

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.402 sets out the medical fee guideline for ambulatory surgery centers.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 86 – SERVICE PERFORMED WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY.
   - 851 – THE ALLOWANCE WAS ADJUSTED IN ACCORDANCE WITH MULTIPLE PROCEDURE RULES AND/OR GUIDELINES.
   - 863 – REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.
   - 983 – CHARGE FOR THIS PROCEDURE EXCEEDS MEDICARE ASC SCHEDULE ALLOWANCE.
   - P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
   - 247 – A PAYMENT OR DENIAL HAS ALREADY BEEN RECOMMENDED FOR THIS SERVICE
   - 1115 - WE FIND THE ORIGINAL REVIEW TO BE ACCURATE AND ARE UNABLE TO RECOMMEND ANY ADDITIONAL ALLOWANCE
   - W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
   - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
   - 18 – EXACT DUPLICATE CLAIM/SERVICE

Issues

Are the insurance carrier's reasons for denial of payment supported?

Findings

This dispute regards ambulatory surgical services with payment subject to 28 Texas Administrative Code §134.402(f), which determines the maximum allowable reimbursement (MAR) by applying Medicare Ambulatory Surgical Center payment policies using Outpatient Prospective Payment System (OPPS) formulas and factors modified by DWC rules.

The insurance carrier denied the disputed nerve block procedure with claim adjustment reason code:
851 – "THE ALLOWANCE WAS ADJUSTED IN ACCORDANCE WITH MULTIPLE PROCEDURE RULES AND/OR GUIDELINES."

The insurance carrier asserts a Medicare Correct Coding Initiative (CCI) edit exists between disputed procedure code 64415 and the other two procedure codes on the bill.

The DWC *Ambulatory Surgical Center Fee Guideline*, Rule 28 TAC §134.402(d) requires that for coding, billing, and reporting, of covered facility services, Texas workers' compensation system participants shall apply the Medicare payment policies in effect on the date a service is provided with any additions or exceptions specified in DWC rules.

Review of Medicare's CCI edits applicable to ambulatory surgery providers finds that procedure code 64415 may not be reported with either code 26546 or code 20670 on the same date. These code-pair edits specify that a modifier may not be used to override the edit to allow separate payment.

The provider asserts, "The 2019 National Correct Coding Initiatives Manual, Chapter 2, states 'A peripheral nerve block injection (CPT code 64415) for postoperative pain management may be reported separately with a 59 modifier if procedure was done under general anesthesia'."

Firstly, the provider's exact quote was not found in the National Correct Coding Initiative Manual Chapter 2. Chapter 2 concerns Anesthesia services (CPT code range 00000-01999) — that were not present on the bill.

Chapter 2 section B.4. states:

> If … peripheral nerve block injection … for postoperative pain management is reported separately on the same date of service as an anesthesia 0XXXX code, modifier 59 may be appended to the … peripheral nerve block injection code … to indicate that it was administered for postoperative pain management.

This Medicare policy the requester cites, refers specifically to nerve block procedures performed in combination with CPT code range 00000-01999 (anesthesia services) reported on the same bill. However, the bill in dispute does *not include* any anesthesia services from code range 00000-01999. The conflicting procedure codes billed were 26546 and 20670, which are *surgical* procedures, not anesthesia.

Secondly, the 2019 National Correct Coding Initiatives Manual, Chapter 8 section I.6. specifies that:

> Medicare Global Surgery Rules prevent separate payment for postoperative pain management when provided by the physician performing an operative procedure. CPT codes … 64400-64489 … describe some services that may be utilized for postoperative pain management. The services described by these codes may be reported by the physician performing the operative procedure only if provided for purposes unrelated to the postoperative pain management, the operative procedure, or anesthesia for the procedure.

The physician's NPI identifier number in box 24-J on the medical bill indicates the physician who performed the surgeries also performed the disputed nerve block. Based on the above Medicare policy, the Medicare Global Surgery Rules disallow separate payment for postoperative pain management when provided by the surgeon. Reimbursement for postoperative pain control is included in the payment for the global surgical package.

Lastly, DWC notes also there are two sets of NCCI edits: one for hospital facilities, the other set for practitioners. Medicare policy specifies Ambulatory Surgical Centers use the edits for practitioners (not hospital facilities). These particular code-pair edits (code 64415 – 26546 and 64415 – 20670) on the bill are some of the edits that *differ* between the Hospital CCI edits and the Practitioner CCI edits. While the CCI Hospital edits may allow a modifier to override the edit, the CCI practitioner edits (that apply to ambulatory surgery services) *do not* permit any modifier to override these particular code-pair edits for separate payment. The insurance carrier's denial reasons are therefore appropriate. Additional payment cannot be recommended.

Conclusion

For the reasons above, the requestor has not established that additional payment is due. As a result, the amount ordered is $0.00.

ORDER

In accordance with Texas Labor Code §413.031, based on the information submitted for review, DWC hereby determines the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Grayson Richardson	October 11, 2019
Signature	Medical Fee Dispute Resolution Officer	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 TAC §133.307.

The appealing party must submit a *Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision* (form DWC045M). DWC must receive the request within twenty days of your receipt of this decision.

You may fax, mail or personally deliver the request to either the field office handling the claim or to DWC at the contact information on the form. You must send a copy to all other parties in the dispute at the same time you file the request. Include a **copy** of this **Medical Fee Dispute Decision** along with any other information required by 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.