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 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
ROBERT URREA, MD

Respondent Name
LIBERTY INSURANCE CORP

MFDR Tracking Number
M4-20-0123-01

Carrier's Austin Representative
Box Number 01

MFDR Date Received
SEPTEMBER 16, 2019

REQUESTOR'S POSITION SUMMARY

No position summary was submitted.

Amount in Dispute: $2,232.00

RESPONDENT'S POSITION SUMMARY

"Provider is disagreeing with disallowance of 62290 and 72295. Per Medicare National Correct Coding these CPTs have NCCI issue with 63056. Operative report submitted by provider support Right L5-S1 lumbar discectomy and discogram. CPT 62290 and 72295 were done at the same interspace, therefore not separately payable. CCI Conflict Code 63056 (Column 1) conflicts with Code 62290 (Column 2). CCI Conflict Code 63056 (Column 1) conflicts with Code 72295 (Column 2). Our review remains the same. No further payment is warranted."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 10, 2018	CPT Code 62290-59 Injection procedure for discography, each level; lumbar	$1,024.00	$0.00
	CPT Code 72295-26-59 Discography, lumbar, radiological supervision and interpretation	$1,208.00	$0.00
TOTAL		$2,232.00	$0.00

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 (DWC).

Background

1. 28 Texas Administrative Code §133.307, effective May 31, 2012 sets out the procedures for resolving a medical fee dispute.

2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
3. The services in dispute were reduced/denied by the respondent with the following 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.
   - 16- Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.
   - 5793-Treatment provided was not based on the correct application of the guidelines.
   - 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.

Issues

Is the requestor entitled to reimbursement for CPT codes 62290-59 and 72295-26-59?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of $2,232.00 for CPT codes 62290 and 72295 rendered on December 10, 2018.
2. The fee guidelines for disputed services is found at 28 TAC §134.203.
3. 28 TAC §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. 28 TAC §134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) 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."
5. The respondent denied reimbursement for CPT code 62290-59 based upon, "97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."

   On the disputed date of service, the requestor billed CPT codes 63056-LT, 62290-59, 72295-26-59, and 72100-26-59.

   Per CCI edits, CPT code 62290 is a component of code 63056; 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 62290.

   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 DWC finds:

   - The operative report indicates the discogram and discectomy were performed at the L5-S1 level.
   - The requestor did not support modifier -59.
   - The respondent's denial of payment is supported.

6. The respondent denied reimbursement for CPT code 72295-26-59 based upon, "5793-Treatment provided was not based on the correct application of the guidelines," and "16- Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate."

   The DWC finds:

   - The operative report indicates "A L5-S1 discogram was then performed using Isovue 300. This revealed that the disc had a posterior annular tear."
   - Per CCI edits, code 72295 is a component of 63056; 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 72295.
   - The operative report indicates the discogram and discectomy were performed at the L5-S1 level.
   - The respondent's denial of payment is supported.

Conclusion

For the reasons stated above, the DWC 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 DWC has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	10/16/2019 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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 DWC. **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.