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
KYLE JONES, MD

Respondent Name
ACCIDENT FUND NATIONAL INSURANCE CO

MFDR Tracking Number
M4-20-1497-01

Carrier's Austin Representative
Box Number 06

MFDR Date Received
FEBRUARY 18, 2020

REQUESTOR'S POSITION SUMMARY

"[Claimant] was seen in our office…on 4/26/19. His visit took a considerable amount of time which is documented at the end of the note, stating the time-in and time-out. The total time was 2 hrs and 15 min."

Amount in Dispute: $694.31

RESPONDENT'S POSITION SUMMARY

"Based on the information provided, because the provider billed and was paid for CPT 99213 which has a face to face time of 15 minutes, the provider is not allowed also to bill codes 99354 and 99355. In regards to CPT 96372, this code was denied per NCCI edits as included in the surgery procedure. It also appears that there were no medical records submitted with the original bill. For these reasons Accident Fund's position is that the unpaid CPT codes billed in this dispute were correctly audited and no further payment is due."

Response Submitted by: Stone Loughlin Swanson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 26, 2019	CPT Code 99354	$200.45	$0.00
	CPT Code 99355	$453.66	$0.00
	CPT Code 96372-51	$40.20	$0.00
TOTAL		$694.31	$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 (TAC) §133.307, effective May 31, 2012 sets out the procedures for resolving a medical fee dispute.

2. 28 TAC §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.
   - 906-In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed.
   - B12-Services not documented in patients' medical records.
   - 1241-No additional reimbursement allowed after review of appeal/reconsideration/request for second review.
   - 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

1. Does the documentation support billing CPT codes 99354 and 99355? Is the requestor entitled to reimbursement?
2. Is the allowance of CPT code 96372-51 included in the allowance of another service/procedure rendered on the disputed date? Is the requestor entitled to reimbursement?

Findings

4. The requestor is seeking medical fee dispute resolution in the amount of $694.31 for CPT codes 99354, 99355, 96372-51 rendered on April 26, 2019.
5. The fee guidelines for disputed services is found at 28 Texas Administrative Code §134.203.
6. 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."
7. 28 Texas Administrative Code §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."
8. The disputed CPT codes are described as:
   - "99354- Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)."
   - "99355- Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service."
   - "96372- Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular."
9. The respondent denied reimbursement for CPT codes 99354 and 99355 based upon "B12-Services not documented in patients' medical records."

   Per the *National Correct Coding Initiative Policy Manual* Chapter 11, subchapter I titled *Cardiovascular Services*, effective January 1, 2019, **"**Critical care E&M services (CPT codes 99291 and 99292) and prolonged E&M services (CPT codes 99354-99357) are reported based on time. Providers shall not include the time devoted to performing separately reportable services when determining the amount of critical care or prolonged provider E&M service time. For example, the time devoted to performing cardiopulmonary resuscitation (CPT code 92950) shall not be included in critical care E&M service time."

   The requestor wrote in the Supplemental Charting Notes, "Extensive time spent exploring, debriding, suturing wounds, teaching appropriate wound care, and answering patients POC questions. Time in: 1635 Time out: 18:50."

On the disputed date of service the requestor billed CPT codes 99213-25, 99354, 99355, 13132, 96372-51, A6259, A6252, A6454, A6209, A6220, A4248, J7040, AND A6402.The DWC finds the requestor's report indicates the reported time included the time "exploring, debriding, suturing wounds." The report does not separate the time spent for prolonged evaluation and management services from the time spent performing "exploring, debriding, suturing wounds"; therefore, the respondent's denial of payment based upon "B12" is supported.

10. The respondent denied reimbursement for CPT code 96372-51based 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," and "906-In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed."

    As stated above, on the disputed date the requestor billed CPT code 13132 and 96372-51. Per CCI edits, CPT code 96372 is a component of code 13132; however, a modifier is allowed to differentiate the service. The requestor appended modifier "51-Multiple Procedures" to code 96372. Modifier 51's description does not distinguish code 96372 as a distinct and separate service from code 13132. The DWC finds the requestor did not append the appropriate modifier to code 96372 to differentiate it from 13132; therefore, the respondent's denial of payment is supported.

Conclusion

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

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	03/10/2020 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.