



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

HARTFORD CASUALTY INSURANCE CO

MFDR Tracking Number

M4-20-1579-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

FEBRUARY 18, 2020

REQUESTOR'S POSITION SUMMARY

"Modifier -25 was added to the E/M code 99203 to separate it from the procedure code for the laceration repair, CPT 12042. These codes should therefore not be bundled, but paid separately."

Amount in Dispute: \$459.18

RESPONDENT'S POSITION SUMMARY

"The Hartford upholds denial of CPT 12042 as per NCCI edits, CPT 12042 is already covered by CPT 11730, so they are not allowed to be billed together."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 12, 2019	CPT Code 12042	\$459.18	\$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

- 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012 sets out the procedures for resolving a medical fee dispute.
- 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.
- 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.
 - 898-In accordance with clinical based coding edits (National correct coding initiative/outpatient code editor), component code of comprehensive surgery: Integumentary system procedure (10000-19999) has been disallowed.
 - W3-Additional payment made on appeal/reconsideration.

Issues

Is the allowance of CPT code 12042 included in the allowance of another service/procedure rendered on the disputed date? Is the requestor entitled to reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$459.18 for code 12042 rendered on July 12, 2019.
2. The respondent denied reimbursement 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,” and “898-In accordance with clinical based coding edits (National correct coding initiative/outpatient code editor), component code of comprehensive surgery: Integumentary system procedure (10000-19999) has been disallowed.”
3. The fee guidelines for disputed services is found at 28 Texas Administrative Code §134.203.
4. 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.”
5. 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.”
6. On the disputed date of service the requestor billed CPT codes 99203-25, 99354, 99355, 12042, 11730-51, 90471-51, 96372-59, 90714, A6402, J1885, A6454, A6446, A6220, A4248, J7040, A6219.

Per CCI edits, CPT code 12042 is a component of code 11730; however, a modifier is allowed to differentiate the service. The DWC finds the requestor did not append a modifier to code 12042 to differentiate it from 11730; 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	03/04/2020 Date
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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.