



# 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](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

ORTHOTEXAS PHYSICIANS AND SURGEONS

**Respondent Name**

CHUBB INDEMNITY INSURANCE CO

**MFDR Tracking Number**

M4-20-1744-01

**Carrier's Austin Representative**

Box Number 17

**MFDR Date Received**

MARCH 13, 2020

#### REQUESTOR'S POSITION SUMMARY

"On this date of service, claim denied stating 'bundled'. Modifier 58 is listed on CPT 20605 to show that this is a staged/related procedure/service by he [sic] same physician during the postoperative period. The patient continued to have a small accumulation of fluid, after surgery that had to be drained. See the attached documentation that supports the services provided. Please reprocess claim for payment immediately."

**Amount in Dispute:** \$338.00

#### RESPONDENT'S POSITION SUMMARY

"Per Medicare, the following services are included in the global surgery payment when provided in addition to the surgery: All additional medical or surgical services required of the surgeon during the post-operative period of the surgery because of complications, which do not require additional trips to the operating room."

**Response Submitted by:** CorVel

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 17, 2019 October 29, 2019	CPT Code 20605-58-LT	\$169.00/ea	\$0.00
October 17, 2019	CPT Code 73080-LT	\$0.00	\$0.00
October 17, 2019 October 29, 2019	CPT Code 99080-73	\$0.00	\$0.00
TOTAL		\$338.00	\$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**

- 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-Included in another charge or service.
  - 58-Staged or related procedure.
  - RAM-Not separately payable in surgery follow-up period.
  - W3-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 code 20605-58-LT rendered on October 17 and 29, 2019?

### **Findings**

1. The requestor is seeking medical fee dispute resolution in the amount of \$338.00 for CPT code 20605-58-LT rendered on October 17 and 29, 2019.
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. CPT code 20605 is described as "Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance." The requestor appended modifier "58 -Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period."
6. The respondent denied reimbursement for CPT code 20605 based upon "RAM-Not separately payable in surgery follow-up period."
7. Per the Medicare Claims Processing Manual, Chapter 12 – Physicians/Nonphysician Practitioners, Section 40.1-Definition of a Global Surgical Package, revised October 1, 2003,(A), Components of a Global Surgical Package, states in part, "The Medicare approved amount for these procedures includes payment for the following services related to the surgery when furnished by the physician who performs the surgery. The services included in the global surgical package may be furnished in any setting, e.g., in hospitals, ASCs, physicians' offices...Complications Following Surgery - All additional medical or surgical services required of the surgeon during the postoperative period of the surgery because of complications which do not require additional trips to the operating room."
8. Per the Medicare Claims Processing Manual, Chapter 12 – Physicians/Nonphysician Practitioners, Section 40.2 - Billing Requirements for Global Surgeries, (A)(6) states, "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 DWC finds:
  - On October 2, 2019, the claimant underwent elbow surgery, CPT codes 24371 and 11982.
  - Code 24371 has a global surgery package of 90 days.
  - Dr. Mitchell F. Fagelman performed the surgery and the follow-up treatment rendered on October 17 and 29, 2019.

- The follow-up treatment was performed in the physicians' office.
- The follow-up treatment did not require additional trips to the operating room; therefore, per the Medicare Claims Processing Manual, Chapter 12, Section 40.1 (A), the disputed services were components of the Global Surgical Package of code 24371.
- The requestor appended modifier 58 to 20605.
- The requestor's documentation does not meet the criteria for modifier 58 outlined in Medicare Claims Processing Manual, Chapter 12, Section 40.2, (A)(6).
- The respondent's denial of payment for code 20605-58-LT rendered on October 17 and 29, 2019 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	04/10/2020 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.**