



# TEXAS DEPARTMENT OF INSURANCE

## Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

CALLOWAY CREEK SURGERY CENTER

**Respondent Name**

AMERICAN FIRE & CASUALTY CO

**MFDR Tracking Number**

M4-21-0224-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

OCTOBER 13, 2020

#### REQUESTOR'S POSITION SUMMARY

"TWCC follows Medicare edits (NCCI) which does not bundle CPT code 29823 with 23412. [redacted]"

**Amount in Dispute:** \$1,454.80

#### RESPONDENT'S POSITION SUMMARY

[redacted]

**Response Submitted by:** Liberty Mutual Insurance Co.

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 26, 2019	Ambulatory Surgical Care Services (ASC) CPT Code 29823	\$1,454.80	\$0.00

#### FINDINGS AND DECISION

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

**Background**

- 28 Texas Administrative Code §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
- 28 TAC §134.402, effective August 31, 2008, sets out the reimbursement guidelines for ambulatory surgical care services.

3. The insurance carrier reduced/denied payment for the disputed services with the following claim adjustment codes:
  - 162-code description not listed
  - 243-The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed.
  - 943-Documentation does not support billed charge. No recommendation of payment can be made.
  - 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 ASC services related to CPT code 29823 rendered on December 26, 2019?

### **Findings**

1. The requestor is seeking medical fee dispute resolution in the amount of \$1,454.80 for ASC services related to CPT code 29823 rendered on December 26, 2019.
2. The respondent contends that [redacted]
3. The fee guidelines for disputed services is found in 28 TAC §134.402.  
28 TAC §134.402(b) (6) states,

Definitions for words and terms, when used in this section, shall have the following meanings, unless clearly indicated otherwise. "Medicare payment policy" means 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.

28 TAC §134.402(d) states,

For coding, billing, and reporting, of facility services covered in this rule, 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 this section, including the following paragraphs.

5. The National Correct Coding Initiative's' (NCCI) General Correspondence Language for NCCI PTPT Edits and Medically Unlikely Edits (MUEs), effective January 1, 2019 states:

Sequential procedure: If a provider attempts several procedures in direct succession at a patient encounter to accomplish the same end, only the procedure that successfully accomplishes the expected result is reported. Generally, this occurs when a less extensive procedure fails and requires the performance of a more extensive procedure. A failed procedure followed by a more extensive procedure should not be reported separately. Procedures that are often performed in sequence have been identified and the less extensive procedure is not separately reportable with the more extensive procedure. When the procedures corresponding to HCPCS/CPT code \_\_\_\_\_ (the Column One HCPCS/CPT code) and HCPCS/CPT code \_\_\_\_\_ (the Column Two HCPCS/CPT code) are performed in sequence at the same patient encounter, only HCPCS/CPT code \_\_\_\_\_ (the Column One HCPCS/CPT code) may be reported.

Per CCI edits, CPT code 29823 is a component of CPT code 23412 and a modifier is not applicable to differentiate it.

6. The 2019 NCCI Policy Manual for Medicare Services, Chapter 4, subsection E-Arthroscopy states,

3. If an arthroscopic procedure is converted to an open procedure, only the open procedure may be reported. Neither a surgical arthroscopy nor a diagnostic arthroscopy code shall be reported with the open procedure code when a surgical arthroscopic procedure is converted to an open procedure.

The requestor wrote, [redacted]

**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

11/02/2020  
Date

**YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §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 MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

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