



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
MARK H. HENRY, MD

Respondent Name
ACCIDENT FUND INSURANCE CO OF AMERICA

MFDR Tracking Number
M4-21-2115-01

Carrier's Austin Representative
Box Number 06

MFDR Date Received
JULY 19, 2021

REQUESTOR'S POSITION SUMMARY

"The injured worker's medical condition has been determined to be a medical emergency..."

Amount in Dispute: \$245.01

RESPONDENT'S POSITION SUMMARY

"The denial is appropriate because code 11012 was by the same provider on the same day as code 99203-57. The provider should not be billing modifier -57 for minor surgery per Medicare reimbursement guidelines."

Response Submitted By: Stone Loughlin Swanson

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|------------------|--------------------------------|-------------------|------------|
| August 11, 2020 | CPT Code 99203 Office Visit | \$245.01 | \$0.00 |
| | CPT Code 99080 Report | \$0.00 | \$0.00 |
| TOTAL | | \$245.01 | \$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 February 22, 2021, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 52-Service performed resulted in the initial decision to perform the surgery.
 - W3-Additional payment made on appeal/reconsideration.
 - P12-Workers' compensation jurisdictional fee schedule adjustment.
 - 1014-The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
 - 18-Exact duplicate claim/service.
 - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 247-A payment or denial has already been recommended for this service.
 - 3478-Modifier 57 is used to indicate an Evaluation and Management (E/M) service which resulted in a decision to perform surgery either the day before a major surgery (90-day global period) or the day of a major surgery. The surgery code billed represents a minor surgery.

Issues

Is the requestor due reimbursement for CPT code 99203-57 rendered on August 11, 2020?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$245.01 for CPT code 99203-57 rendered on August 11, 2020.
2. The respondent denied reimbursement for CPT code 99203-57 based upon reason codes "3478," "52," and "P12."
3. The fee guidelines for disputed services are found in 28 TAC §134.203.
4. 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."
5. CPT code 99203 is described as, "Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family."

The requestor appended modifier "57-Decision for Surgery" to code 99203. Modifier 57 is defined as "An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service."

6. The respondent wrote, "The denial is appropriate because code 11012 was by the same provider on the same day as code 99203-57. The provider should not be billing modifier -57 for minor surgery per Medicare reimbursement guidelines."

Medicare Claims Processing Manual, Chapter 12, Section 30.6.6. titled Payment for Evaluation and Management Service Provided During Global Period of Surgery, effective June 1, 2006, states:

C. CPT Modifier “-57” - Decision for Surgery Made Within Global Surgical Period A/B MACs (B) pay for an evaluation and management service on the day of or on the day before a procedure with a 90-day global surgical period if the physician uses CPT modifier “-57” to indicate that the service resulted in the decision to perform the procedure. A/B MACs (B) may not pay for an evaluation and management service billed with the CPT modifier “-57” if it was provided on the day of or the day before a procedure with a 0 or 10-day global surgical period.

CPT code 11012 is described as “Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone.” CPT code 11012 has a global surgical period of 0 days.

Per Medicare Claims Processing Manual, Chapter 12, Section 30.6.6(C), CPT code 99203-57 is not reimbursable when billed with code 11012 on the same day or the day before. As a result, reimbursement is not recommended.

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

Date

08/12/2021

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.