



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Physicians Surgical Center

Respondent Name

East TX Educational Ins Assn

MFDR Tracking Number

M4-22-0261-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

October 13, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 11, 2021	Ambulatory Surgical Care Services, (ASC), CPT Code 23410	\$0.00	\$0.00
	ASC CPT Code 29823	\$0.00	\$0.00
	ASC CPT Code 64415	\$480.97	\$0.00
	HCPCS Code C1713	\$0.00	\$0.00
Total		\$480.97	\$0.00

Requestor's Position

"At this time we are requesting that this claim paid in accordance with the 2021 Texas Workers Compensation Fee Schedule and Guidelines for Ambulatory Surgical Centers."

Amount in Dispute: \$480.97

Respondent's Position

"Although the provider documents they are expecting \$480.95 for CPT code

64415, based on NCCI edits, this code is not separately payable when billed with CPT code 23410.”

Response Submitted By: Claims Administrative Services, Inc.

Findings and Decision

Authority

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

Statutes and Rules

1. 28 TAC §133.307, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.402, sets out the fee guidelines for ASC services.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 435-Per NCCI Edits, the value of this procedure is included in the value of the comprehensive procedure.
- 236-This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the NCCI or workers compensation state regulations/fee schedule requirements.
- 350-Bill has been identified as a request for reconsideration or appeal.
- 59-Processed based on multiple or concurrent procedure rules.

Issues

1. Is East TX Educational Insurance Association’s denial based on unbundling supported?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$480.97 for ASC services related to CPT code 64415 rendered on February 11, 2021.

The respondent contends that reimbursement is not due because per CCI edits, CPT code 64415 is included in the value of code 23410 .

The fee guidelines for disputed services is found in 28 TAC §134.402.

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.”

On the disputed date of service, the requestor billed CPT codes 23410, 29823, 64415 and C1713. The requestor appended modifier 59 to code 64415 to delineate a separate service. Per NCCI edits, CPT code 64415 is a component of code 29823 and a modifier is not allowed to differentiate the service. The DWC finds the respondent’s denial based upon unbundling is supported.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

_____	_____	11/02/2021
Signature	Medical Fee Dispute Resolution Officer	Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, **option 3 or email** CompConnection@tdi.texas.gov.