



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Texas Surgical Center

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-22-0468-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

November 4, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 14, 2021	CPT 29827-RT	\$0.00	\$0.00
	CPT 23430-RT	\$0.00	\$0.00
	CPT 64415-59-RT	\$463.30	\$0.00
	HCPCS C1713	\$0.00	\$0.00
	Total	\$463.30	\$0.00

Requestor's Position

CPT 29827 allows \$6530.77 (pays at 100%) = \$6530.77

CPT 23430 allows \$3265.40 (pays at 50%) = \$3265.40

CPT 64415 allows \$463.30 (pays at 50%) = \$463.30

Claim Allowed Total = \$10259.47

Less payment made of \$9796.16

We are owed an additional payment of \$463.30

Amount in Dispute: \$463.30

Respondent's Position

Code 64415 59 was denied as this code has aCMS national correct coding initiative pair to pair coding bundle with CPT codes 29827 and 23430. The 59 modifier does not bypass this modifier

as the modifier is not supported. Modifier 59 indicates a separate site, incision, or lesion. The nerve block was in the same area as the shoulder surgery and therefore is not separately payable.

Response Submitted by: Helmsman Management Services, LLC

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 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.402 sets out the fee guidelines for ambulatory surgery centers.

Denial Reasons

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

- 983 – Charge for this procedure exceeds ASC schedule allowance
- 851 – The allowance was adjusted in accordance with multiple procedure rules and/or guidelines
- 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.
- 4915 – The charge for the services represented by the code is included/bundled into the total facility payment and does not warrant a separate payment or the payment status indicator determines the service is packaged or excluded from payment.
- 162 – No description was provided by the insurance carrier in accordance with 28 TAC §133.240 (f)(17)(H).

Issues

1. Is Indemnity Insurance Co. of North America's denial based on bundling supported?

Findings

1. Texas Surgical Center is seeking reimbursement for ambulatory surgical center procedure code 64415-59-RT, performed on May 14, 2021.

The insurance carrier failed to provide a description of denial code 162 as required by 28 TAC §133.240 (f)(17)(H). Therefore, services will be reviewed in accordance with fee guidelines.

The respondent contends that additional reimbursement is not due because payment for the

code in question is included in payment for procedure codes 29827 and 23430 performed on the same date of service.

28 Texas Administrative Code §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.

Per Medicare NCCI Edits, procedure code 29822 may not be billed with procedure codes 29827 or 23430. These edits may be overridden with an NCCI-associated modifier under certain circumstances.

The requestor attached modifier 59 to the billed code to override the NCCI edits. Per the Medicare Claims Processing Manual, Chapter 23, Section 20.9.1.1, Subsection B, modifier 59 "shall not be used to bypass a PTP edit unless the proper criteria for use of the modifier are met." Modifier 59 is used appropriately:

- when the procedures are performed in different encounters on the same day;
- when the procedures are performed by different practitioners;
- for different anatomic sites during the same encounter only when procedures are performed on different organs, or different anatomic regions, or in limited situations on different, non-contiguous lesions in different anatomic regions of the same organ;
- for 2 services described by timed codes provided during the same encounter only when they are performed sequentially;
- for a diagnostic procedure, which precedes a therapeutic procedure only when the diagnostic procedure is the basis for performing the therapeutic procedure; or
- for a diagnostic procedure, which occurs subsequent to a completed therapeutic procedure only when the diagnostic procedure is not a common, expected, or necessary follow-up to the therapeutic procedure

Submitted documentation does not support that the conditions were met for appropriate use of modifier 59 to override the NCCI edits in this case. Reimbursement cannot be recommended.

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 additional reimbursement is due.

Order

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

Authorized Signature

_____	_____	December 20, 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, opción 3 o correo electrónico CompConnection@tdi.texas.gov.