



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Dr. Kyle E. Jones

Respondent Name

American Zurich Insurance Co.

MFDR Tracking Number

M4-22-0542-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 14, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 25, 2021	CPT Code 99213-57	\$143.52	\$0.00
	CPT Code 96372-59	\$40.20	\$0.00
Total		\$183.72	\$0.00

Requestor's Position

"The E/M service was necessary to make a decision for surgery/laceration repair...The injection of Ketorolac is for pain control."

Amount in Dispute: \$183.72

Respondent's Position

"CMS edits include the office visit as part of the laceration repair reimbursement. Additionally, the Provider alleges separate reimbursement for the Ketorolac injection a pain control...CMS edits include injections in the reimbursement for the laceration repair itself."

Response Submitted by: Constitution State Services/William E. Weldon

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 §134.203, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.

Denial Reasons

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

- 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- W3-No additional reimbursement allowed after review of appeal/reconsideration/request for second review.
- 8751-After review, the billed service is not reimbursable based on AMA guidelines. The billed service is considered inclusive into the surgical service billed.
- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 56-Significant, separately, identifiable E/M service rendered.
- 309-The charge for the procedure exceeds the fee schedule allowance.
- 86-Service performed was distinct or independent from other services performed on the same day.

Issues

1. Is American Zurich Insurance Company's denial of payment for the office visit based upon reason code "97" supported?
2. Is American Zurich Insurance Company's denial of payment for the therapeutic injection for pain management based upon reason code "97" supported?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$183.72 for CPT codes 99213 and 96372 rendered on March 25, 2021.

The respondent denied reimbursement for CPT code 99213-office visit based upon unbundling, reason code 97.

To determine if the disputed service is eligible for reimbursement the DWC refers to the

following statute:

- 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."
- 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."

On the disputed date of service, the requestor billed CPT codes 99213-57, 99080-73, 12001, 96372-59-XS, and 99072.

Per CCI edits, CPT code 99213 is a component of code 12001; however, a modifier is allowed to differentiate the service. The requestor appended modifier "57- Decision for Surgery" to code 99213. Modifier 57 is described 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."

Per CMS's Global Surgery Booklet, ICN 907166 September 2018, "The modifier "-57" is not used with minor surgeries because the global period for minor surgeries does not include the day prior to the surgery. When the decision to perform the minor procedure is typically done immediately before the service, it is considered a routine pre-operative service and a visit or consultation is not billed in addition to the procedure."

CPT code 12001 has a global surgery period of 0 days and is classified as a minor surgery; therefore, the requestor did not append an appropriate modifier to CPT code 99213 per CMS's Global Surgery Booklet. The DWC finds the respondent's denial of reimbursement based upon reason code "97" is supported.

2. The respondent denied reimbursement for CPT code 96372-therapeutic injection for pain management based upon unbundling, reason code 97.

Per CCI edits, CPT code 96372 is a component of code 12001; however, a modifier is allowed to differentiate the service. The requestor appended modifier "59- Distinct Procedural Service" to code 96372. Modifier -59 is described as "Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual."

Chapter 2, (B)(8), effective January 1, 2021, titled *Standard Anesthesia Coding*, states in part, "Per CMS Global Surgery rules, postoperative pain management is a component of the global surgical package and is the responsibility of the physician performing the global surgical procedure."

The DWC finds the requestor did not support the use of modifier-59; therefore, the respondent's denial based upon reason code "97" 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 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

Signature

Medical Fee Dispute Resolution Officer

12/15/2021

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.