



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Physicians Surgical Center

Respondent Name

Texas Mutual Insurance Co.

MFDR Tracking Number

M4-22-0619-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

November 29, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 25, 2021	Ambulatory Surgical Care Services, (ASC), CPT Code 25606	\$0.00	\$0.00
	ASC CPT Code 76000-TC	\$63.80	\$0.00
Total		\$63.80	\$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: \$63.80

Respondent's Position

"Texas Mutual denial of 435 reason code is supported per CMS NCCI Edits and consistent with Rule 134.402. No additional payment is due."

Response Submitted By: Texas Mutual Insurance Co.

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.
- CAC-236-This billing code is not compatible with another billing code provided on the same day according to NCCI or Workers' compensation state regulations/fee schedule requirements.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-W3, 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- DC4-No additional reimbursement allowed after reconsideration.

Issues

1. Is Physicians Surgical Center entitled to additional reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$63.80 for ASC services related to CPT code 76000-TC rendered on August 25, 2021.

The respondent contends that additional reimbursement is not due because the allowance of CPT code 76000-TC is included in the allowance of CPT code 25606.

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

28 TAC §134.402 (b)(6) states, "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.

Per CCI Edits, CPT code 76000 is included in the value of CPT code 25606; however, a modifier is allowed to differentiate the service. The requestor appended modifier "TC-Technical component" to code 76000.

The NCCI edits, specifically indicates "CPT 'separate procedure' definition.

The National Correct Coding Initiative's defines a "Separate Procedure" as: "The narrative for many HCPCS/CPT codes includes a parenthetical statement that the procedure represents a "separate procedure". The inclusion of this statement indicates that the procedure can be performed separately but should not be reported when a related service is performed. A "separate procedure" should not be reported when performed along with another procedure in an anatomically related region through the same skin incision or orifice, or surgical approach. HCPCS/CPT code____ (the column two HCPCS/CPT code) is designated as a "separate procedure". Therefore, if it is reported with HCPCS/CPT code____ (the column one HCPCS/CPT code), HCPCS/CPT code (the column two HCPCS/CPT code) is bundled into HCPCS/CPT code____ (the column one HCPCS/CPT code)."

The requestor's report supports CPT code 76000-TC was performed in a anatomically related region through the same skin incision or orifice, or surgical approach for code 25606; therefore, the respondent's denial of payment 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

_____	_____	12/29/2021
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.