

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

RICHARD J. BAILEY, MD

Respondent Name

EMPLOYERS PREFERRED INSURANCE COMPANY

MFDR Tracking Number

M4-22-2125-01

Carrier's Austin Representative

Box Number 04

DWC Date Received

May 27, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 24, 2022	64784-80 and 20103-80	\$20,177.64	\$0.00
Total		\$20,177.64	\$0.00

Requestor's Position

"Denied codes 64784 and 20103 per AAPC MCR CCI edits allow for assistant with modifier 80. We submitted the claim with modifier 80 on all codes for assistant surgeon. Dr. Bailey has been grossly under-reimbursed for a medically necessary surgery performed on... I am attaching a copy of the documentation that was submitted for this claim, along with the EOB for re-evaluation."

Amount in Dispute: \$20,177.64

Respondent's Position

"...both codes have a CMS Assistant surgeon indicator of 0. Denial is appropriate... Documentation does not state why an assistant was necessary to perform the surgery therefore the necessity for the assistant surgeon services would not be warranted."

Response Submitted by: Conduent

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 §134.203 sets out the fee guideline for professional medical services.

Denial Reasons

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

- 54 - MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE.
- 98 - ASSISTANT SURGEON SERVICES NOT WARRANTED FOR THIS PROCEDURE.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 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.

Issues

1. Are the Insurance Carrier's denial reasons supported?
2. Is the Requestor entitled to reimbursement?

Findings

1. The Requestor billed CPT Codes 64892, 64784 and 20103 on February 24, 2022 and appended modifier -80 to identify that the services were rendered by an assistant surgeon.

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."

The DWC completed NCCI edits to identify potential edit conflicts that could affect reimbursement. The following was identified:

- CPT Code 64892 is defined as, "Nerve graft (includes obtaining graft), single strand, arm, or leg; up to 4 cm length."
Per Compliance Editor, this charge line did not trigger edits and is considered clean. The insurance carrier issued payment for this CPT code and the requestor is not seeking dispute resolution for this code.
- CPT Code 64784 is defined as, "Excision of neuroma; major peripheral nerve, except sciatic."

Per Medicare guidelines, procedure code 64784 submitted with modifier 80 requires a review of documentation to establish the medical necessity of a surgical assistant.

Per CMS CPT Code 64784 has a status indicator of 0 = Co-surgeons not permitted for this procedure.

Review of the preauthorization letter does not indicate that the assist surgeon was preauthorized for this procedure. As a result, reimbursement cannot be recommended.

- CPT Code 20103 is defined as, "Exploration of penetrating wound (separate procedure); extremity."

Per Medicare guidelines, procedure code 20103 submitted with modifier 80 requires a review of documentation to establish the medical necessity of a surgical assistant.

Per CMS CPT Code 20103 has a status indicator of 0 = Co-surgeons not permitted for this procedure.

Review of the preauthorization letter does not indicate that the assist surgeon was preauthorized for this procedure. As a result, reimbursement cannot be recommended.

2. The DWC finds that the requestor has not supported that reimbursement is due for the assist at surgery services. As a result, reimbursement is not 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.

The DWC finds the requester has established that reimbursement is not 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

_____	_____	<u>June 28, 2022</u>
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.