

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

HAND & WRIST CENTER

Respondent Name

ARCH INSURANCE COMPANY

MFDR Tracking Number

M4-22-2207-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 9, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 5, 2021	69990 and 26037	\$2,178.90	\$0.00
	Total	\$2,178.90	\$0.00

Requestor's Position

"The attached medical records adequately support each of the services provided and is sufficient to warrant payment as set forth by the aforementioned section of the Texas Administrative Code. The injured worker's medical condition has been determined to be a medical emergency as defined in the Texas Administrative Code."

Amount in Dispute: \$2,178.90

Respondent's Position

"...we have escalated the bills in question for manual review to determine if additional monies are owed. Supplemental response will be provided once the bill auditing company has finalized their review."

Response Submitted by: Gallagher Bassett

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:

- 112 & 90403 - PAYMENT ADJUSTED AS NOT FURNISHED DIRECTLY TO THE PATIENT AND/OR NOT DOCUMENTED.
- 193 & 90563 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 231 & 90573 - MUTUALLY EXCLUSIVE PROCEDURES CANNOT BE DONE IN THE SAME DAY/ SETTING.
- 5283 – ADDITIONAL ALLOWANCE IS NOT RECOMMENDED AS THIS BILL WAS REVIEWED IN ACCORDANCE WITH STATE GUIDELINES AND USUAL AND CUSTOMARY POLICIES, PROVIDERS CONTRACT.
- 97 – PAYMENT ADJUSTED BECAUSE THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 6194 – IN ACCORDANCE WITH CLINICAL BASED CODING EDITS (NATIONAL CODING INITIATIVE/OUTPATIENT CODE EDITOR), COMPONENT CODE OF COMPREHENSIVE SURGERY ENDOCRINE.

Issues

1. Did the insurance carrier issue a partial payment for the services rendered on October 5, 2021?
2. Does the service in dispute contain NCCI edit conflicts that may affect reimbursement?
3. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes 69990-58 and 26037-59 rendered on October 5, 2021. The insurance carrier issued a payment in the amount of \$2,643.87 for CPT Codes 26356 and 64831, and the requestor seeks an additional payment in the amount of \$2,178.90 for CPT Codes 69990-58 and 26037-59.
2. The fee guidelines for CPT Codes 26037-29 and 69990-58 is found at 28 TAC §134.203.

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 requestor appended the following modifiers to the disputed services:

- F3- Left hand, fourth digit.
- LT – Left side (Used to identify procedures performed on the left side of the body.
- 58 – Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period.
- 59 – Distinct Procedural Service

The Division completed NCCI edits to determine if any of the billed services contain edit conflicts that may affect reimbursement.

The requestor billed the following CPT Codes:

- CPT Code: 26356-F3- Per Compliance Editor, this charge line did not trigger edits and is considered clean.
- CPT Code: 64831-F3 Per Compliance Editor, this charge line did not trigger edits and is considered clean.
- 26037-LT-59- Per Compliance Editor, this charge line did not trigger edits and is considered clean.
- CPT Code: 69990-F3-58- Per Medicare CCI Guidelines, procedure code 69990 has an unbundle relationship with history procedure code 26356.

Per Medicare CCI Guidelines, procedure code 69990 has an unbundle relationship with history procedure code 26037.

The insurance carrier denied CPT Code 26037 with denial reason codes; 90403, 112, 193, P12. Review of the submitted documentation finds that the requestor appended modifier -59 to this CPT Code.

Per the CMS policies, when billing with modifier -59 the following documentation is required.

“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. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used...”

Review of the submitted records, does not meet the documentation requirements when billing with modifier -59. As a result, the requestor is not entitled to reimbursement for CPT Code 26037.59.

The insurance carrier denied CPT Code 69990 with denial reason codes; 90403, 193, 231, 5283, 90563, 97, P12, 90573, 6194. Review of the submitted documentation finds that this CPT Code contains NCCI edit conflict with CPT Codes 20637 and 26356 billed on the same day.

The requestor appended modifier -58 to identify that this is a staged or related procedure rendered on the same day. The DWC finds that the requestor did not append an appropriate modifier to overcome the NCCI edit conflicts. As a result, reimbursement cannot be recommended.

3. The DWC finds that the requestor is not entitled to reimbursement for the disputed services. As a result, \$0.00 is 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 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

Signature

Medical Fee Dispute Resolution Officer

September 2, 2022
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.