



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

JASON RICHARD BAILEY, MD, PA

**Respondent Name**

INSURANCE COMPANY OF THE WEST

**MFDR Tracking Number**

M4-22-2334-01

**Carrier's Austin Representative**

Box Number 4

**DWC Date Received**

June 29, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 18, 2021	13131 and 64450	\$2,376.80	\$0.00
<b>Total</b>		<b>\$2,376.80</b>	<b>\$0.00</b>

### Requestor's Position

"Our claim was submitted on 09/25/2021 in the amount of \$13,873.80 and reimbursed a partial due to per NCCI Edits, the value of this procedure is included in the value of the comprehensive procedure... Per EOB received dated 01/25/2022 the reconsideration still denied the two codes 13131 and 64450 but paid an additional payment on code 11012. We submitted a corrected claim on 03/22/22 with documentation adding a modifier to code 13131; that denied as a duplicate. I then submitted an appeal on 5/24/22 with all information pertaining to the claim and all denials. The claim was re-evaluated, and no additional allowance made, original bill was processed correctly per EOB dated 6/13/22."

**Amount in Dispute:** \$2,376.80

### Respondent's Position

"Review of the billed charges in conjunction with the submitted operative report below is a detail review... Per the operative report, it did not mention the 'total' length of the wounds therefore only CPT code 13131 should be reported... For CPT code 64450, injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch, it is considered as part of the surgical package and therefore not payable."

**Response Submitted by:** Mitchell

## 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

28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

### Denial Reasons

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

- 435 – The CPT code 13131 and 64450 is included in the primary procedure 11760.
- 236 – Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure.
- P12 – This charge was reimbursed in accordance with the Texas Medical Fee Guideline.
- W3 – Bill has been identified as a request for reconsideration or appeal.

### Issues

1. Do the disputed services contain NCCI edit conflicts that may affect reimbursement?
2. Is the Requestor entitled to reimbursement?

### Findings

1. The requestor seeks reimbursement for CPT Codes 13131 and 64450 rendered on July 18, 2021. The insurance carrier denied the disputed services with denial reason codes indicated above.

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 Division completed NCCI edits to determine if any edit conflicts may affect reimbursement of the disputed services.

The requestor billed the following CPT Codes: 11012, 13131, 11760 x 2, and 64450.

CPT Code: 11760- ET-F2- This charge line did not trigger edits and is considered clean.

CPT Code: 11760- ET-F3- This charge line did not trigger edits and is considered clean.

CPT Code: 64450-ET-59- This charge line did not trigger edits and is considered clean.

CPT Code: 11012-ET-F2-F3-Per Medicare CCI Guidelines, procedure code 11012 has an unbundle relationship with history procedure code 13131.

Review of the medical documentation did not identify an appropriate modifier to overcome the CCI edit conflict. As a result, reimbursement cannot be recommended.

CPT Code: 13131- ET-F2-F3-Per Medicare CCI Guidelines, procedure code 13131 has an unbundle relationship with history procedure code 11760.

Review of the medical documentation did not identify an appropriate modifier to overcome the CCI edit conflict. As a result, reimbursement cannot be recommended

2. The DWC finds that the insurance carrier's denial reasons for disputed CPT Codes 13131 and 11012 is supported. As a result, reimbursement cannot be recommended for the services in dispute.

### 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**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

August 17, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).