



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kyle E. Jones, M.D.

Respondent Name

ZNAT Insurance Co.

MFDR Tracking Number

M4-23-0289-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

September 30, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 25, 2022	96372-59	\$41.20	\$0.00

Requestor's Position

96375-59 The injection of Ketorolac is for pain control. It was not part of the primary procedure and should be unbundled. Modifier-59 should unbundle this from the procedure ... The CPT or the therapeutic injection of Ketorolac for pain relief before he went home is a separate procedure and administered in a different body area and should be reimbursed as charged.

Amount in Dispute: \$41.20

Respondent's Position

Zenith's review and findings for disputed code 96372-59 (Charge \$41.20):

... 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 disputed code 96372-59 was denied as inclusive to 99203-25. When an injection is given during an office visit service provided by a physician, the cost of administering the injection is

included in the payment for the office visit. The provider added modifier 59 (distinct procedural service) to CPT code 96372. However, the submitted documentation does not support the use of modifier 59, therefore, no additional payment is due to the provider.

Response Submitted by: The Zenith

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 professional medical services.

Denial Reasons

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

- 217 – The value of this procedure is included in the value of another procedure on this date.
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 224 – Duplicate charge.
- XCP – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 18 – Exact duplicate claim/service
- 193 – Original payment decision is being maintained. Upon review, it was determined that was processed properly.
- Notes: "UPON FURTHER REVIEW, NO ADDITIONAL ALLOWANCE IS RECOMMENDED."

Issues

1. Is ZNAT Insurance Co.'s denial reason supported?

Findings

1. Kyle E. Jones, M.D. is seeking reimbursement for a therapeutic, prophylactic, or diagnostic injection represented by procedure code 96372. The insurance carrier denied payment stating, "The value of this procedure is included in the value of another procedure on this date."

Dr. Jones also billed procedure code 12001. Per CMS, these codes may not be billed together.

A modifier is allowed to identify a service as distinct from the procedure.

Dr. Jones billed procedure code 96372 with modifier 59. CMS defines modifier 59 with the following:

Distinct Procedural Service: 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. Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non E/M service performed on the same date, see modifier 25.

Documentation submitted does not support that billed code 96372 was a distinct procedural service from billed code 12001. DWC finds that ZNAT Insurance Co.'s denial reason is supported. No reimbursement 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.

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

November 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. 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.