



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Kyle Elliot Jones, MD

Respondent Name

ZNAT Insurance Co.

MFDR Tracking Number

M4-23-0314-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

October 7, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 8, 2022	Evaluation and Management 99203-25	\$203.41	\$0.00

Requestor's Position

An E/M service was necessary to assess for nerve, bone, tendon damage and blood supply, as well as review of systems, past medical/surgical/family and social history, as he was a new patient ... Modifier – 25 was appended to CPT 99203 to separate it from the nail hematoma evacuation.

Amount in Dispute: \$203.41

Respondent's Position

The disputed code 99203-25 (evaluation and management of a new patient) was billed in combination with CPT code 11740 (evacuation of subungual hematoma) that has a global period "000." ... The submitted documentation does not present a significant and separattley identifiable E/M service unrelated to the decision to perform the evacuation of subungual hematoma (11740) to the right thumb. Therefore, the E/M service (CPT 99203) would be considered included in the payment for CPT code 11740 as a "new" patient visit does not justify reporting an E/M service with the minor surgical procedure.

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 §133.203 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:

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 217 – The value of this procedure is included in the value of another procedure performed on this date.
- Notes: "99203 INCLUSIVE TO 11740."
- Notes: "UPON FURTHER REVIEW, NO ADDITIONAL ALLOWANCE IS RECOMMENDED. 99203 INCLUSIVE TO 11740. E&M services on the same date of service as the minor surgical procedure are included in the payment for the procedure."

Issues

1. Is ZNAT Insurance Co.'s denial of payment supported?

Findings

1. The requestor is seeking reimbursement for an evaluation and management for a new patient, billed with CPT code 99203-25, performed on June 8, 2022.

The insurance carrier denied payment stating, in part, "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated," and "The value of this procedure is included in the value of another procedure performed on this date."

The requestor also billed CPT code 11740, which is defined as "evacuation of subungual hematoma." This code has a global indicator of "000." The CMS NCCI Correct Coding Manual, Chapter 1 states,

If a procedure has a global period of 000 or 010 days, it is defined as a minor surgical

procedure. In general, E&M services performed on the same date of service as a minor surgical procedure are included in the payment for the procedure ... If a minor surgical procedure is performed on a new patient, the same rules for reporting E&M services apply. The fact that the patient is "new" to the provider/supplier is not sufficient alone to justify reporting an E&M service on the same date of service as a minor surgical procedure.

Procedure code 99203 was billed with modifier 25. The CMS NCCI Correct Coding Manual, Chapter 1, Subsection E states, in relevant part:

Modifier 25: The "CPT Manual" defines modifier 25 as a "Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service." ... Medicare Global Surgery Rules prevent the reporting of a separate E&M service for the work associated with the decision to perform a minor surgical procedure regardless of whether the patient is a new or established patient.

Dr. Jones argued that an "E/M service was necessary to assess for nerve, bone, tendon damage and blood supply, as well as review of systems, past medical/surgical/family and social history, as he was a new patient." No further information was provided to support that the examination in question was significantly and separately identifiable from the decision to perform the associated surgery.

DWC finds that ZNAT Insurance Co.'s denial of payment is supported and no additional 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

December 9, 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.