



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Steven Jackson Thornton

Respondent Name

Employers Insurance Co of Wausau

MFDR Tracking Number

M4-23-0846-01

Carrier's Austin Representative

Box Number 1

DWC Date Received

December 12, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 20, 2021	29823	\$1987.00	\$0.00
Total		\$1987.00	\$0.00

Requestor's Position

"A modifier is allowed in order to differentiate between procedures billed. Modifier 59 was included with CPT 29823 and documentation included to support services rendered considering procedure separately payable.

Amount in Dispute: \$1987.00

Respondent's Position

"...Code 29825 59 is defined as extensive shoulder debridement in 3 or more discrete structures. There are only two discrete areas debrided in this operative note that are not included in other billed/paid procedures. The two areas not included in other billed codes were superior labrum and anterior/superior synovitis."

Response submitted by: Liberty Mutual

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 billing requirements for professional services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 589 – The documentation received does not support the level of service billed. Please adjust the level of service billed or provide additional documentation to support the services billed
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issues

1. Is the insurance carrier's denial supported?

Findings

1. The requestor is seeking reimbursement of physician services rendered as part of an outpatient surgical procedure on December 20, 2021.

DWC Rule 28 TAC §134.203 (d) states in pertinent part for coding, billing, reporting, and reimbursement of health care covered in this section, Texas workers' compensation system participants shall apply Medicare payment policies in effect on the date a service is provided.

The disputed code 29823 is defined as "Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])"

Review of the submitted operative report found, "The biceps tendon stum was debrided as was the superior labrum."

Based on this review, the DWC finds the insurance carrier's denial is supported. No additional payment 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

_____	_____	January 23, 2023
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.