



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jason Richard Bailey

Respondent Name

Property & Casualty Ins Co of Hartford

MFDR Tracking Number

M4-23-0879-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

December 14, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 13, 2022	20103 and 76000	\$3,418.80	\$0.00
Total		\$3,418.80	\$0.00

Requestor's Position

"Our claim was processed and denied reimbursement per EOB received claim was denied due to multiple physicians/assistants are not covered in this case. Morgan was consulted for medically necessary Emergent surgery as assistant surgeon."

Amount in Dispute: \$3,418.80

Respondent's Position

"The bill in question was processed and denied by code review as, Deny 20103 msg 299, denied inclusive on surgeon bill. Deny 76000 msg 98, Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity."

Response submitted by: The Hartford

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 §134.403 sets out the payment requirements for professional services.

Denial Reasons

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

- 4 – The procedure code is inconsistent with the modifier used or required modifier is missing
- 54 – Multiple physicians/assistants are not covered in this case
- 98 – Assistant surgeon services not warranted for this procedure
- 256 – Billing of modifier is not appropriate for services performed
- 299 – This service is an integral part of total service performed and does not warrant separate procedure charge
- B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated

Issues

1. What rule is applicable to reimbursement of the disputed charges?

Findings

1. The requestor is seeking reimbursement of physician assistant services rendered during an outpatient hospital procedure.

Review of the submitted medical bill found the following codes and modifiers.

- Code 20103 - Exploration of penetrating wound (separate procedure), extremity
 - ET – Emergency services, (Append modifier ET to each ER encounter related service when the ER services are exempt from SNF consolidated billing and the service spans multiple dates of service)

- AS – Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
- XE – Separate encounter, a service that is distinct because it occurred during a separate encounter
- Code 76000 - Fluoroscopy (separate procedure), up to 1-hour physician or other qualified health professional time.
 - ET Emergency services, (Append modifier ET to each ER encounter related service when the ER services are exempt from SNF consolidated billing and the service spans multiple dates of service)
 - AS - Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
 - 59 – 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

DWC Rule 134.203 (b)(1) states in pertinent part, Texas workers' compensation system participants shall apply 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.

Review of the applicable Medicare payment policy found Code 20103 is only allowed when supported by documentation that details why the assistant at surgery was required.

The submitted documentation only indicates that the injured employee was seen in the emergency room and surgery was indicated. This information on its own does not indicate why the assistant at surgery was required.

The ET modifier was not supported as the service did not span multiple dates of service.

The -59 modifier was not supported. The submitted documentation did not indicate a different procedure or surgery, different site, separate incision/excision, or injury.

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

_____	_____	February 14, 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.