TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requestor Name**
Lankford Hand Surgery Assn

**Respondent Name**
Znat Insurance Co

**MFDR Tracking Number**
M4-23-0885-01

**Carrier's Austin Representative**
Box Number 47

**DWC Date Received**
December 15, 2022

## Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| May 16, 2022 | 20670 | $799.20 | $0.00 |
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| | **Total** | $2,397.60 | $0.00 |

## Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of their reconsideration explanation of benefits with the following, "This was done in office setting not in operating room. Please read note. Also modifiers that we bill is not what on your EOB. Next step is filing with Texas Dept of Insurance. Look at place of service."

**Amount in Dispute:** $2,397.60

## Respondent's Position

"The fracture treatment was done on 03/02/2022 with CPT code 26765. The removal of superficial wires and pins done in the office, should be included in the global surgery as it is part of the aftercare. The provider did not include an operative repot{sic}/procedure note. There is no

description of an incision, dissection, or suture closure, which would all be required to report 20670. Therefore, the original denial for the services in dispute should stand. "

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

2. 28 TAC §134.203 sets out the billing requirements for professional medical services.

Denial Reasons

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

- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- 16 – Claim/service lacks information or has submission/billing errors
- 435 – Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure

Issues

1. Is the insurance carrier's denial supported?

Findings

1. The requestor is seeking reimbursement for Code 20670 – Removal of implant, superficial (eg, buried wire, pin or rod) (separate procedure) three procedures. This insurance carrier's explanation of benefits states, "Upon further review no additional allowance is recommended. The procedure did not require return to the operating room and is part of the global surgical package for Code 26765. The global surgical package includes all additional medical or surgical services required of the surgeon during the post-operative period of the surgery because of complications, which do not require additional trips to the operating room.

   DWC Rule 134.203 (b) states in pertinent part, for coding, billing, reporting, and reimbursement of professional medical services, 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.

The Medicare payment policy is found at www.cms.gov, in the *Medicare Claims Processing Manual, Chapter 12, Section 40.1 (A) which states in pertinent part, Components of a Global Surgical Package, A/B MACs (B) apply the national definition of a global surgical package to all procedures with the appropriate entry in Field 16 of the MFSDB.*

*The Medicare approved amount for these procedures includes payment for the following services related to the surgery when furnished by the physician who performs the surgery. The services included in the global surgical package may be furnished in any setting, e.g., in hospitals, ASCs, physicians' offices.*

- *Postoperative Visits - Follow-up visits during the postoperative period of the surgery that are related to recovery from the surgery;*

The respondent submitted documentation indicating the surgical procedure was performed on March 2, 2022, and was billed as Code 26765 – Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed each. This code has a global period of 90 days,

The disputed Codes are 20670 – Removal of implant superficial (eg, buried wire, pin or rod) separate procedure). The note submitted by the requestor indicates three pins were removed after surgical repair of fingers.

The disputed dates of service are May 16, 2022. The end of the 90-day global period related to the surgical procedure is May 31, 2022. The disputed services are prior to that end date.

The insurance carrier's denial based on global packaging of surgical procedures 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**

| | Peggy Miller | February 22, 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 electronico CompConnection@tdi.texas.gov.