



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

STEPHEN E EARLE MD

Respondent Name

CITY OF SAN ANTONIO

MFDR Tracking Number

M4-09-A477-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

JULY 20, 2009

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Code 22899-99 for examination under anesthesia and pain study is found in the operative report...This objective test, which was preauthorized, documents the patient's lack of radicular symptoms and is used in the impairment rating process for maximum medical improvement and permanent physical impairment. According to the Medicare Fee Schedule as well at the Texas Worker's Compensation Fee Schedule, there is no limiting charge for this add-on code. Therefore, the appropriate charge of \$550.00 is due to this office. Code 22851-59 for cage placement bilaterally at L4-5. Per the Medically Unlikely Edits Table, this code is not inclusive. This is a separate procedure. Please see the operative report...Therefore, an additional \$669.80 is due to this office. Code 22851-22 for cage placement bilaterally at L5-S1...an additional \$669.80 is due to this office...Code 69990-59. 355.22 is due to insurance carrier. "

Amount in Dispute: \$1,839.60

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Three CPT codes are in dispute. CPT Code 22851-59 was billed for cage placement at L4-5 and L5-S1 bilaterally. According to Trailblazer®, CPT Code 22851 is not reimbursed bilaterally. See the attachment from TrailBlazer®. Therefore, the bill was correctly denied as global. No additional allowance is recommended. The next CPT Code in dispute is 22899. CPT Code 22899 is an unlisted spinal surgical procedure. According to the provider's statement, this procedure is for examination under anesthesia and pain study. According to the Trailblazer® Surgery Manual this would be considered as a pre-operative visit and is global to the major surgery. Therefore, no allowance is recommended for code 22899."

Response Submitted by: Harris & Harris

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 25, 2008	CPT Code 22851-22 Cage Placement L4-5 Bilaterally	\$669.80	\$0.00
	CPT Code 22851-59 Cage Placement L5-S1 Bilaterally	\$669.80	\$0.00
	CPT Code 22899-99 Examination Under Anesthesia and Pain Study	\$550.00	\$0.00

July 25, 2008	Overpayment for CPT Code 69990-59	\$355.22	\$0.00
TOTAL		\$1,839.60	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §134.1, effective May 2, 2006, provides for fair and reasonable reimbursement of health care in the absence of an applicable fee guideline.
4. Texas Labor Code §413.011 sets forth provisions regarding reimbursement policies and guidelines.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 18-Duplicate claim/service.
 - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is the requestor entitled to reimbursement for CPT codes 22851-22 and 22851-59?
2. Is the requestor entitled to reimbursement for CPT code 22899-99?
3. Did the requestor receive an overpayment for code 69990-59?

Findings

1. CPT code 22851 is defined as "Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)."
 - The requestor appended modifiers "22-Increased Procedural Services," and "59- Distinct Procedural Service" to CPT code 22851.
 - The respondent denied reimbursement based upon reason codes "18" and "193."
 - The requestor states in the position summary that "Per the Medically Unlikely Edits Table, this code is not inclusive. This is a separate procedure. Please see the operative report."
 - The respondent states in the position summary that "CPT Code 22851-59 was billed for cage placement at L4-5 and L5-S1 bilaterally. According to Trailblazer®, CPT Code 22851 is not reimbursed bilaterally. See the attachment from TrailBlazer®. Therefore, the bill was correctly denied as global. No additional allowance is recommended."
 - Per CMS policy, CPT code 22851 has a payment indicator of "0" for bilateral procedure. A payment indicator of "0" means "Bilateral does not apply".
 - The operative report indicates that the claimant underwent cage placement at L4-5 and L5-S1.

The Division finds the following:

- 28 Texas Administrative Code §134.203(b) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers..."
- Per Medicare policy, CPT code 22851 cannot be reimbursed as a bilateral procedure; therefore, the requestor's use of modifier "59" and "22" is not supported.
- The operative report indicates that the claimant underwent cage placement at two interspaces. The respondent paid for two interspaces. As a result, reimbursement cannot be recommended for CPT codes 22851-22 and 22851-59.

2. CPT code 22899 is defined as “Unlisted procedure, spine.”

- The requestor appended modifier “99-Multiple Modifiers” to CPT code 22899.
- The respondent denied reimbursement for this service based upon reason codes “18” and “193.”
- The requestor wrote in the position summary that “Code 22899-99 for examination under anesthesia and pain study is found in the operative report...This objective test, which was preauthorized, documents the patient’s lack of radicular symptoms and is used in the impairment rating process for maximum medical improvement and permanent physical impairment. According to the Medicare Fee Schedule as well as the Texas Worker’s Compensation Fee Schedule, there is no limiting charge for this add-on code. Therefore, the appropriate charge of \$550.00 is due.”
- The Respondent wrote “CPT Code 22899 is an unlisted spinal surgical procedure. According to the provider’s statement, this procedure is for examination under anesthesia and pain study. According to the Trailblazer® Surgery Manual this would be considered as a pre-operative visit and is global to the major surgery. Therefore, no allowance is recommended for code 22899.”

The Division finds the following:

- The requestor did not submit a copy of the examination under anesthesia and pain study to support the billed study.
- 28 Texas Administrative Code §134.203(f) states “For products and services for which no relative value unit or payment has been assigned by Medicare, Texas Medicaid as set forth in §134.203(d) or §134.204(f) of this title, or the Division, reimbursement shall be provided in accordance with §134.1 of this title (relating to Medical Reimbursement).” CPT code 22899 does not have a listed relative value unit or payment assigned by Medicare or Texas Medicaid and/or the carrier did not assign a relative value; therefore, this code is subject to fair and reasonable reimbursement per 28 Texas Administrative Code §134.203(f).
- 28 Texas Administrative Code §133.307(c)(2)(G), requires the requestor to provide “documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §134.1 of this title.” Review of the submitted documentation finds:
 - The requestor does not discuss or explain how reimbursement of \$550.00 for code 22899-99 is a fair and reasonable reimbursement.
 - The requestor did not submit documentation to support that payment of the amount sought is a fair and reasonable rate of reimbursement for the services in this dispute.
 - The requestor did not submit nationally recognized published studies or documentation of values assigned for services involving similar work and resource commitments to support the requested reimbursement.
 - The requestor did not support that payment of the requested amount would satisfy the requirements of 28 Texas Administrative Code §134.1.

The request for reimbursement is not supported. As a result payment cannot be recommended.

3. CPT code 69990 is defined as “Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure).”

- The requestor appended modifier “59-Distinct Procedural Service” to code 69990.
- The respondent reimbursed the provider based upon reason codes “18” and “193.”
- The requestor states “Code 69990-59. 355.22 is due to insurance carrier.”
- The respondent did not address this code in position summary.

The Division finds the following:

- Neither party to this dispute submitted copies of the original explanation of benefits.
- The requestor did not support position that overpayment was issued.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

04/04/2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.