



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

UMESH G. GADARIA, MD, PA

Respondent Name

CHUBB INDEMNITY INSURANCE CO

MFDR Tracking Number

M4-18-3579-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

MAY 24, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This procedure code in the CPT book states 'removal of implant from finger or hand', which I have enclosed a copy of that page. This is the only appropriate code for removing the pin that was inserted when the fracture was repaired. When we do an open reduction internal fixation on fractured fingers, we insert a pin to stabilize the fracture until it heals and then remove the pin. We do not have to do an incision or suture, we use pliers and pull the pin out as indicated in our operative report...This procedure code should be reimbursed according to the Texas Workers; Comp fee guidelines minus any network reductions."

Amount in Dispute: \$600.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Per American Medical Association (AMA) CPT code description for 26320 removal of implant of the hand or finger requires an incision in the skin to dissect the implant. Usually this code is more difficult and requires additional time and expertise. This procedure also requires a closure of the incision with suture layers after implant removal...CPT Assistant and the American Academic Association of Orthopedic Surgeons (AAOS) indicate removal of a finger or hand implant should be billed with the 26320 CPT code. However, if only one or two screws, or pins are removed and it is not an extensive procedure, it is recommended to use 20670 or 20680 codes. Based on the documentation submitted by the requestor in support of the procedure code billed, an incision was not performed the surgeon simply used sterile pliers, gentle traction and pin manipulation for removal of the Jurgan's Ball from the finger."

Response Submitted By: Corvel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 26, 2018	CPT Code 26320	\$600.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - This procedure requires an incision to remove the implant and suturing in layers. Exist another CPT code that better described a superficial removal of a pin or screws since this is not an extensive procedure. Please resubmit with appropriate CPT.
 - 97A-Provider appeal.
 - B12-Svcs not documented in patient record.

Issues

Is the requestor entitled to reimbursement for CPT code 26320 rendered on March 26, 2018?

Findings

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..."

CPT code 26320 is defined as "Removal of implant from finger or hand."

According to the explanation of benefits, the respondent denied reimbursement for code 26320 based upon reason "This procedure requires an incision to remove the implant and suturing in layers. Exist another CPT code that better described a superficial removal of a pin or screws since this is not an extensive procedure. Please resubmit with appropriate CPT." The respondent contends that reimbursement is not due because "Per American Medical Association (AMA) CPT code description for 26320 removal of implant of the hand or finger requires an incision in the skin to dissect the implant. Usually this code is more difficult and requires additional time and expertise. This procedure also requires a closure of the incision with suture layers after implant removal...CPT Assistant and the American Academic Association of Orthopedic Surgeons (AAOS) indicate removal of a finger or hand implant should be billed with the 26320 CPT code. However, if only one or two screws, or pins are removed and it is not an extensive procedure, it is recommended to use 20670 or 20680 codes. Based on the documentation submitted by the requestor in support of the procedure code billed, an incision was not performed the surgeon simply used sterile pliers, gentle traction and pin manipulation for removal of the Jurgan's Ball from the finger."

The division finds:

- Per CMS physician's fee schedule CPT code 26320 has a 90 day post-operative period.
- Medicare classifies surgical procedures as major, minor and endoscopic.
- Medicare basis this classification based upon the procedures' post-operative period.
- Medicare classifies a procedure with a 90 day post-operative period as a major surgery.
- Per the submitted bill, the requestor indicated in box 24B that the service was performed in "11" the physician's office.
- The requestor wrote, "This is the only appropriate code for removing the pin that was inserted when the fracture was repaired. When we do an open reduction internal fixation on fractured fingers, we insert a pin to stabilize the fracture until it heals and then remove the pin. We do not have to do an incision or suture, we use

pliers and pull the pin out as indicated in our operative report.”

- A review of the Operative Report does not support a major surgery; therefore, the requestor did not support billing code 26320.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that 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

_____	_____	02/07/2019
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 in accordance with 28 Texas Administrative Code §133.307, 37 Texas Register 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request 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 §141.1(d).

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