



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

CHRISTIAN A WOODBURY, MD

Respondent Name

EMPLOYERS PREFERRED INS CO

MFDR Tracking Number

M4-18-5079-01

Carrier's Austin Representative

Box Number 04

MFDR Date Received

AUGUST 21, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: The requestor did not submit a position summary in the dispute packet.

Amount in Dispute: \$2,206.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Per the AMA CPT 2005 Standard edition, Surgery Section, Separate Procedure (December 2004) this CPT is in the table. Without the billing of a proper modifier it doesn't warrant separate reimbursement."

Response Submitted by: Conduent

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: January 12, 2018, CPT Code 29840-LT Arthroscopy, Wrist, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure), \$2,206.00, \$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, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following claims adjustment reason codes:
• B15-Payment adjusted because this procedure/service is not paid separately.

- 299-This service is integral part of total service performed and does not warrant separate procedure charge.
- W3-Additional payment made on appeal/reconsideration.
- 5280-No additional reimbursement allowed after review of appeal/reconsideration.
- 18-Exact duplicate claim/service.
- 247-A payment or denial has already been recommended for this service.
- 1014-The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Was the dispute filed in the form and manner required by 28 Texas Administrative Code §133.307?
2. What is the applicable fee guideline for professional services?
3. Is the respondent's denial of payment for code 29840 supported? Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.307(c)(2)(G), (H), and (N) requires, "The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include: G) the amount billed by the health care provider for the treatment(s) or service(s) in dispute; (H) the amount paid by the workers' compensation insurance carrier for the treatment(s) or service(s) in dispute; and (N) a position statement of the disputed issue(s)."

A review of the submitted *Table of Disputed Services* finds the requestor listed the total amount billed and paid for the services rendered on the disputed date. The total amount billed and paid do not correspond to the service in dispute. In addition, the respondent did not submit a position summary. The division finds the requestor did not submit the dispute in the form and manner required by 28 Texas Administrative Code §133.307.

2. The fee guidelines for disputed services are found in 28 Texas Administrative Code §134.203.
3. 28 Texas Administrative Code §134.203(b)(1) "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: 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."

According to the explanation of benefits, the respondent denied reimbursement for code 29840-LT based upon reason code "B15-Payment adjusted because this procedure/service is not paid separately," and "299-This service is integral part of total service performed and does not warrant separate procedure charge."

On the disputed date of service, the requestor billed CPT codes 25609-LT, 25651-LT, 29840-LT, and 25290-LT.

The respondent maintains the denial of payment for code 29875 based upon "Per the AMA CPT 2005 Standard edition, Surgery Section, Separate Procedure (December 2004) this CPT is in the table. Without the billing of a proper modifier it doesn't warrant separate reimbursement."

The [National Correct Coding Initiative Policy Manual for Medicare Services](#) Chapter 1, (J), effective January 1, 2018, defines "separate procedure" as "If a CPT code descriptor includes the term "separate procedure", the CPT code may not be reported separately with a related procedure. CMS interprets this designation to

prohibit the separate reporting of a “separate procedure” when performed with another procedure in an anatomically related region often through the same skin incision, orifice, or surgical approach.

A CPT code with the “separate procedure” designation may be reported with another procedure if it is performed at a separate patient encounter on the same date of service or at the same patient encounter in an anatomically unrelated area often through a separate skin incision, orifice, or surgical approach. Modifier 59 or a more specific modifier (e.g., anatomic modifier) may be appended to the “separate procedure” CPT code to indicate that it qualifies as a separately reportable service.”

The Division finds that because code 29840 has the parenthetical statement “separate procedure” the CCI policy applies. Based upon the Operative report, code 29840 was performed at the same anatomically related region (wrist) as the other procedures performed on the disputed date. In addition, the requestor did not bill with appropriate modifier per CCI policy to indicate that it qualified as a separately reportable service. As a result, reimbursement is not recommended.

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

Date

10/24/2018

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.