



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TX Tech Univ Health Sciences

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-23-1936-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

April 5, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 15, 2022	99213	\$155.00	\$0.00
Total		\$155.00	\$0.00

Requestor's Position

The requestor did not provide a position statement but did submit a copy of their reconsideration that states, "The procedure on 08/26/22 was billed with the 78 modifier indicating the global did not restart from original procedure performed on 06/01/2022. The original global ended on 08/30/2022, this was correctly billed as not within the global period."

Amount in Dispute: \$155.00

Respondent's Position

"The provider did not provide a position statement for the disputed issue. ...Our position is that no payment is due."

Response submitted by: Texas Mutual

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 Texas Administrative Code §133.307 sets out the requirements of medical fee dispute resolution.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 220 – The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Did the medical claim contain a modifier?
2. Does the Medicare policy on post-operative global fee periods apply to the service in dispute?

Findings

1. The reconsideration request indicates the use of the 78 modifier. Review of the submitted medical claim and DWC060 did not find a modifier was used. The requestor's statement is not supported.
2. The requestor is seeking reimbursement for professional medical services rendered in September 2022. The insurance carrier denied the dispute service based on global packaging. DWC Rule 28 TAC §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

The issue in dispute is whether or not the disputed office visits (CPT code 99213) are included in the global surgery package of CPT code 27685 – Lengthening of shortening of tendon, leg or ankle.

CPT code 27685 has a 90-day global days postoperative period.

A review of the submitted documentation finds that the requestor performed a post-operative office visit and the Dr. Caroom, (who performed the surgery) signed the record in agreement of assessment and plan. The National Provider Identifier (NPI) on the submitted medical bill is for Dr. Caroom.

Per Medicare Claims Processing Manual, Chapter 12, (40.2)(A)(1), Billing Requirements for Global Surgery:

Physicians Who Furnish the Entire Global Surgical Package

Physicians who perform the surgery and furnish all of the usual pre-and postoperative work bill for the global package by entering the appropriate CPT code for the surgical procedure only. Billing is not allowed for visits or other services that are included in the global package.

Therefore, the DWC finds that the disputed office visit is global to surgery rendered on August 26, 2022. As a result, reimbursement is not recommended.

Authorized Signature

_____	_____	May 5, 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.