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
Crescent Medical Center

Respondent Name
Midwest Insurance Company

MFDR Tracking Number
M4-23-3169-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
August 14, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 30, 2023	64447-59-LT	$139.37	$0.00
	Total	$139.37	$0.00

Requestor's Position

"This code is NOT INCLUSIVE to any other code billed on this date of service. We have included the NCCI edits for the two codes billed on this date of service -see Attachment A - there is a warning, but it does not say payment is to be denied. We billed this code with the correct modifier to indicate it was a separate procedure which was requested, by the surgeon, for patient's pain control. The carrier owes an additional payment for this service provided to this patient."

Amount in Dispute: $139.37

Respondent's Position

"As noted in that letter, the 59 modifier is not supported. Specifically, additional documentation is required in order for the provider to the entitled to any additional payment. The carrier has requested it but instead of providing it, the provider simply filed a DWC 60. It is the carrier's position that absent additional information to support the 59 modifier, the provider is not entitled to any additional payment."

Response Submitted By: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code (TLC) §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) §133.305 sets out the procedures for resolving medical disputes.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.203 sets out the fee guideline for professional medical services.

Denial Reasons

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

- P12 – Workers Compensation jurisdictional fee schedule adjustment.
- 252 – An attachment/other documentation is required to adjudicate this claim/service.
- 236 – This procedure or procedure/modifier combination provided on the same day according to the NCCI or workers compensation state regulations/fee schedule requirements.
- 790 – This charge was reimbursed in accordance with the Texas medical fee guidelines.
- D50 – Documentation does not support this code for reimbursement. Results of professional review (RN, MD, DC, CPC, another medical professional.)
- 435 – Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- W3 –In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. Is the insurance carrier's denial supported?

Findings

1. This dispute pertains to the non-payment of CPT code 64447-59-LT, rendered on March 30, 2023. The requestor is seeking reimbursement in the amount of $139.37. Using the previously mentioned denial reduction codes, the insurance carrier audited and denied the disputed service. The disputed service is therefore reviewed pursuant to the applicable rules and guidelines.

The fee guidelines for the disputed service are found at 28 TAC §134.203.

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."

28 TAC §134.203(b)(1) 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; 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 DWC completed NCCI edits to determine if the billed codes rendered on March 30, 2023, are unbundled and whether modifier -59 was supported by documentation. Per Medicare CCI Guidelines, procedure code 64447 has an unbundled relationship with procedure code 01400. A review of the medical bill indicates that the provider appended modifier -59 to CPT code 64447. The DWC will review the appended modifier to determine if a modifier is appropriate.

Modifier -59 is described as, "Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used."

A review of the medical documentation does not meet the documentation requirements when appending modifier -59. The DWC finds that the insurance carrier's denial reason is supported, and therefore, reimbursement for CPT code 64447 is not 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.

The DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, the DWC has determined the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	May 24, 2024 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.