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
Bailey, Jason Richard

Respondent Name
Sentry Casualty Co

MFDR Tracking Number
M4-24-2098-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
May 30, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 15, 2024	67400 and 20100	$12,579.60	$0.00
	Total	$12,579.60	$0.00

Requestor's Position

"Please reprocess and pay codes 67400 and 20100 at the IN Network benefit level as these were **EMERGENCY SERVICES,** indicated by the 'ET' modifier and the 'Y' in box 24C. These codes were denied for "bundling", however, we have used the correct CPT codes and Modifiers which should not be bundled and paid for separately as you will see in the attached NCCI Edits/Modifiers from AAPC website."

Amount in Dispute: $12,579.60

Respondent's Position

"We have reviewed and determined that the disputed codes were processed correctly. Please see the attached letter from Optum (Clinical Coding Logic) supporting the decision to maintain denial."

Response submitted by: Sentry

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 (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the reimbursement guidelines for professional medical services.

Denial Reasons

- 59 – Processed based on multiple or concurrent procedure rules.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 16 – Claim/service lacks information or has submission/billing error(s).
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 150 – Payer deems the information submitted does not support this level of service.
- N130 – Consult plan benefit documents/guidelines for information about restrictions for this service.
- M127 – Missing patient medical record for this service.
- MA27 – Missing/incomplete/invalid entitlement number or name shown on the claim.
- MA30 – Missing/incomplete/invalid type of bill.
- N179 – Additional information has been requested from the member. The charges will be reconsidered upon receipt of that information.

Comments: Per Cpt guidelines CPT 20100 and 67400 are bundled to the more appropriate services rendered.

Issues

1. Is the insurance carrier's denial supported?

Findings

1. The requestor is seeking reimbursement of the following procedures rendered on January 15, 2024 during an inpatient hospital surgery.

- 67400 – ET, 59, - Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy. Denied by insurance carrier as bundled into 21390 - Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant.
- 20100 ET, 59, - Exploration of penetrating wound (separate procedure); neck denied by the insurance carrier as bundled into 11010 - Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues.

Modifier ET – Emergency services. Used to distinguish ER encounters that span multiple dates of service.

Modifier 59 identifies procedures/services, other than E/M services and radiation treatment management, which 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)

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."

DWC Rule 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.

Review of the operative report narrative does not support that surgical incision into the orbit (orbitotomy) was a different session, procedure, site, incision, lesion or injury.

The insurance carrier's denial for code 67400 -ET, -59 is supported. No separate reimbursement is recommended.

Review of the operative report narrative does not support any procedure(s) to a wound in the neck.

The insurance carrier's denial for lack of information and level of service not supported for Code 20100 -ET, -59 is upheld. No additional reimbursement is 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.

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

Order

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

Authorized Signature

		June 27, 2024
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 electronico CompConnection@tdi.texas.gov.