



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jason R. Bailey, MD

Respondent Name

Petroleum Casualty Company

MFDR Tracking Number

M4-24-2099-01

Carrier's Austin Representative

Box Number 06

DWC Date Received

May 30, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 14, 2023	13132, 20103, 11730	\$7,005.02	\$0.00
Total		\$7,005.02	\$0.00

Requestor's Position

"Our claim was processed and reimbursed a partial payment of \$1,941.67. EOB received shows CPT codes 13132, 20103 and 11730 denied due to bundling and Cpt code/modifier combo not valid. Dr. Bailey was consulted for medically necessary EMERGENT surgery for an [injury]. The patient was on a barge and a large hook impacted his [injury] from a crane. Failure to perform the medically necessary EMERGENT surgery could have resulted in placing the patient's health in serious jeopardy or serious impairment to bodily functions or even serious dysfunction of a bodily organ. We submitted a reconsideration on 04/03/2024 and no additional payment was made. I am attaching all the documentation regarding this claim for your review. Please review the documents attached and reconsider reprocessing our claim."

Amount in Dispute: \$7,005.02

Respondent's Position

"Please see Exhibits A-C for CCI edit bundling information. While CCI edits do indicate a modifier may be used to override the edits, the override must be fully supported by documentation. All of the procedures performed to the same digit. Additionally, modifier ET (Emergency Treatment) is not a modifier applicable to overriding CCI edits. In fact, per CMS, modifier ET is used by facilities/hospitals - ET is used to override edits for hospital room services spanning multiple services dates. Rev code 045X"

Response Submitted by: CorVel

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.
4. 28 TAC 134.1 sets out the general rules for medical reimbursement.

Denial Reasons

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

- 00 – CCI edit reviewed and suppressed.
- 57 – Decision for surgery
- 59 – Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- R78 – CCI: Anesthesia included in surgical procedures.
- R89 – CCI: Misuse of column 2 code with column 1 code.
- 25 – Separate E&M service, same physician.
- 59 – Allowance based on multiple surgery guidelines.
- 07 – Charge included in another charge or service.
- R38 – Included in another billed procedure.
- R79 – CCI: Standards of medical/surgical practice.

- RD7 – Multiple procedure/1st procedure.
- RD9 – Multiple procedure/3rd or subsequent (50%).
- W3 – No additional reimbursement allowed after review of appeal/reconsideration request for second review.
- 236 – This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.
- 1070 – We are unable to recommend an additional allowance as your billing was reviewed in accordance with the Texas medical fee guidelines which were adopted by the Texas workers’ compensation commission for workers’ compensation claims.

Issues

1. Are the insurance carrier’s denials supported?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks additional payment in the amount of \$7,005.02 for CPT codes 13132, 20103, and 11730 rendered on December 14, 2023.

The insurance carrier denied/reduced the services in dispute with denial reduction codes:

- 00 – CCI edit reviewed and suppressed.
- R78 – CCI: Anesthesia included in surgical procedures.
- R89 – CCI: Misuse of column 2 code with column 1 code.
- R38 – Included in another billed procedure.
- R79 – CCI: Standards of medical/surgical practice.
- 236 – This procedure or procedure/ modifier combination is not compatible with another procedure or procedure/ modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.

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 following are the CPT code descriptions for the disputed services:

- CPT code 13132 "Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm."
- CPT code 20103 "Exploration of penetrating wound (separate procedure); extremity."
- CPT code 11730 "Avulsion of nail plate, partial or complete, simple; single."

The requestor appended the following modifier(s):

- 25 – Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service.
- 57 – Decision for surgery.
- 59 – Distinct procedural service.
- F8 – Right hand fourth digit
- ET – Emergency Services.
- RT – Right side

Dr. Bailey, on the same date of service, billed procedure codes 99223, 11012, 26756, 11760, 64450, and 76000.

To ascertain if the disputed services contain edit conflicts that could have an impact on payment, the DWC completed NCCI edits. The DWC determined the following:

- 99223 – This charge line does not trigger edits and is considered clean.
- 11012 has an unbundled relationship with 13132. Review documentation to determine if a modifier is appropriate.
- 20103 has an unbundled relationship with 11012. Review documentation to determine if a modifier is appropriate.
- 13132 has an unbundled relationship with 20103. Review documentation to determine if a modifier is appropriate.
- 13132 has an unbundled relationship with 26756. Review documentation to determine if a modifier is appropriate.
- 13132 has an unbundled relationship with 11760. Review documentation to determine if a modifier is appropriate.
- 13132 has an unbundled relationship with 11730. Review documentation to determine if a modifier is appropriate.
- 11730 has an unbundled relationship with 11760. Review documentation to determine if a modifier is appropriate.

- 64450 has an unbundled relationship with 11012. Review documentation to determine if a modifier is appropriate.
- 64450 has an unbundled relationship with 20103. Review documentation to determine if a modifier is appropriate.
- 64450 has an unbundled relationship with 13132. Review documentation to determine if a modifier is appropriate.
- 64450 has an unbundled relationship with 26756. Review documentation to determine if a modifier is appropriate.
- 64450 has an unbundled relationship with 11760. Review documentation to determine if a modifier is appropriate.
- 64450 has an unbundled relationship with 11730. Review documentation to determine if a modifier is appropriate.
- 76000 has an unbundled relationship with 64450. Review documentation to determine if a modifier is appropriate.

Dr. Bailey billed the disputed procedure codes, 13132, 20103 and 11730 with modifier 59.

Modifier -59 is described as a "Distinct Procedural Service" 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.

A review of the documentation included with the medical fee dispute request, does not support the use of modifier 59. Because the denial reasons are supported for CPT codes 13132, 20103 and 11730, the Division finds that the requestor is not entitled to additional reimbursement for the disputed services rendered on December 14, 2023.

2. The Division finds that the requestor is not entitled to additional reimbursement for the services in dispute. As a result, \$0.00 is due.

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 requestor 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 services in dispute.

Authorized Signature

_____	_____	September 13, 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, 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.