



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

UMC Physician Network

Respondent Name

Znat Insurance Co.

MFDR Tracking Number

M4-24-2469-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

July 9, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 23, 2024	96372	\$49.00	\$0.00

Requestor's Position

"The CPT: 96372 Is required when administrating Injection code J1885 during the office visit. Medicare allows the code for reimbursement."

Amount in Dispute: \$49.00

Respondent's Position

"The disputed code 96372 was denied as inclusive to 99213-25. When an injection is given during an office visit service provided by a physician, the cost of administering the injection is included in the payment for the office visit. Therefore, no additional payment is due to the provider."

Response Submitted by: Zenith Insurance

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

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

- 217 – THE VALUE OF THIS PROCEDURE IS INCLUDED IN THE VALUE OF ANOTHER PROCEDURE PERFORMED ON THIS DATE.
- 97 – THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- 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 requestor entitled to reimbursement for disputed CPT code 96372 rendered on May 23, 2024?

Findings

1. The requestor is seeking reimbursement for the service of a therapeutic injection rendered on May 23, 2024.

On the disputed date of service, the procedure codes billed by the requestor that are pertinent to this medical fee dispute resolution (MFDR) review, were CPT code 99213-25, 96372, and HCPCS code J1885. The only code that is in dispute for services rendered on May 23, 2024, is CPT code 96372.

CPT Code 99213 is defined as, "Office or other outpatient visit for the evaluation and management (E/M) of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making (MDM)." The requestor appended this code with modifier "25" indicating a significant, separately identifiable E/M service, above and beyond the usual pre- and post-operative care associated with the procedure or service performed.

HCPCS code J1885 is used to describe an injectable medication, ketorolac tromethamine, per 15 mg.

CPT code 96372 is defined as a therapeutic injection of a drug or substance under the skin or into the muscle. Adequate documentation is required to indicate that the injection is a particular or independent service from other services provided on the same day.

A review of the submitted explanation of benefits (EOB) document finds that the insurance carrier allowed reimbursement for CPT code 99213-25 and HCPCS code J1885 but denied reimbursement for CPT code 96372 with the denial reason that the value of the injection procedure was included in the payment of CPT code 99213-25.

DWC finds that 28 TAC §134.203(b)(1), applies to the billing, reporting, and reimbursement of professional medical services and requires that Texas workers' compensation system participants adhere to Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers...

Per [Medicare Claims Processing Manual \(cms.gov\)](https://www.cms.gov/Medicare/Claims-And-Payment/Medicare-Claims-Processing-Manual) an E/M service is reimbursable on the same day as the injection service, CPT code 96372, by the same healthcare provider during the same office visit only if a significant, separately identifiable evaluation and management service is performed.

Additionally, Medicare payment policies require that documentation to support reimbursement of an injection billed under CPT code 96372 must include:

- Indication and medical necessity of the injection
- The drug administered, including dosage and route of administration (subcutaneous or intramuscular)
- Site of injection
- Date and time of injection
- Provider's signature

A review of the medical record submitted finds that the injection service was integral to the evaluation and management service rendered on May 23, 2024, and was not separately identifiable. Since the insurance carrier allowed payment for the E/M service billed under CPT code 99213, the service of the injection, billed under CPT code 96372, is included in the payment of the E/M office visit.

Review of the medical record submitted finds no documentation describing the site of the injection, the injection route (subcutaneous or intramuscular) nor the intended purpose of the injection (indication/medical necessity).

For these reasons, DWC finds that the requestor did not meet the requirements for separate reimbursement of CPT code 96372. Therefore, DWC finds that the requestor is not entitled to reimbursement for CPT code 96372 on the disputed date of service, May 23, 2024.

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 reimbursement is due for the service in dispute.

Order

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

Authorized Signature

_____	_____	August 9, 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 electrónico CompConnection@tdi.texas.gov.