



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Gulf Coast Orthopedics

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-25-0373-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

October 14, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 13, 2024	99205	\$632.00	\$0.00
June 13, 2024	20103	\$2,875.00	\$1,185.86
Total		\$3,507.00	\$1,185.86

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of their reconsideration dated August 26, 2024 that states, "The EOB incorrectly denies payment for 20103. Per NCCI edits lookup tool published and available by CMS, 20103 is allowed with ALL OTHER CODES BILLED. Further, the exploration of penetrating trauma is a separate procedure per AMA CPT PUBLICATIONS."

Amount in Dispute: \$3,507.00

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed. We will provide a supplemental response once the bill auditing company has finalized their review."

Supplemental response November 11, 2024

"...the bills in question were escalated and a review completed. Our bill audit company has determined nor further payment is due."

Response submitted by: Gallagher Bassett

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

- 90204/B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.
- 90223/P12 – Workers' Compensation Jurisdiction fee schedule adjustment.
- 299 – This service is an integral part of total service performed and does not warrant separate procedure charge.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 3478 – Modifier 57 is used to indicate an evaluation and management (E/M) service which resulted in a decision to perform surgery either the day before a major surgery.
- 90563/193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is the insurance carrier's denial supported?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of the following two procedure codes.
 - 99205 -57 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time

on the date of the encounter for code selection, 60 minutes must be met or exceeded.

- 20103 – Exploration of penetrating wound (separate procedure); extremity

The insurance carrier upheld their denial of code 99205 -57 in their response to MFDR.

The insurance carrier did not respond to the denial of code 20103.

DWC Rule 28 TAC §134.203 (b)(1) states in pertinent parts, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits..."

Review of the National Correct Coding Initiative Policy Manual (NCCI) found at www.cms.gov, Chapter I, Section D – Evaluation and Management (E&M) Services found the following regarding E/M codes global days.

*If a procedure has a global period of **000 or 010 days**, it is defined as a minor surgical procedure. In general, E&M services performed on the same date of service as a minor surgical procedure are included in the payment for the procedure. **The decision to perform a minor surgical procedure is included in the payment for the minor surgical procedure and shall not be reported separately as an E&M service.** However, a significant and separately identifiable E&M service unrelated to the decision to perform the minor surgical procedure is separately reportable with modifier 25. The E&M service and minor surgical procedure do not require different diagnoses. If a minor surgical procedure is performed on a new patient, the same rules for reporting E&M services apply. The fact that the patient is "new" to the provider/supplier is not sufficient alone to justify reporting an E&M service on the same date of service as a minor surgical procedure. NCCI contains many, but not all, possible edits based on these principles.*

Review of the global information code indicates 99205 has a 10 day global indicator. The denial of code 99205 is upheld. No reimbursement is recommended.

The insurance carrier denied code 20103 as an add-on code. Review of the applicable Medicare NCCI Add-on Code Edits also at www.cms.gov, found this code IS NOT identified as an add-on code or that is packaged/bundled into another procedure. This code will be reviewed per applicable fee guidelines.

2. DWC Rule 28 Texas Administrative Code §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$53.68..."

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR

67.81/33.2875 x \$582.13 (CMS physician fee schedule allowable Houston, TX) = \$1,185.86

3. The total allowable DWC guideline reimbursement fee is \$1,185.86. This amount 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 established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Old Republic Insurance Co must remit to Gulf Coast Orthopedics \$1,185.86 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November 18, 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 electrónico CompConnection@tdi.texas.gov.