



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Edward Lee, M.D.

Respondent Name

Bitco General Insurance Corp

MFDR Tracking Number

M4-25-0487-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 26, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 22, 2024	13132	\$1,606.74	\$0.00

Requestor's Position

"We have tried to submit this numerous times without success... I would like to appeal the decision to not pay or underpay for the following: 1) CPT 13132... Debridement and closure of this injury is standard of care and qualifies for complex closure (thorough debridement and closure). The operative note clearly states debridement of various layers along with closure of layers and the size of defect."

Amount in Dispute: \$1,606.74

Respondent's Position

"After receiving this MFDR, a thorough re-review of the bill was performed by a nurse coder. This nurse coder indicates unless the repair was separate from both the ... repair and the ... repair then payment will be considered inclusive to the primary repair/treatments. Additionally, the provider did not bill any modifiers to override the edit if it were supported. So, while it appears 13132 may have been separate, there was still no modifier submitted with the code to identify the specific procedure as being separate. Specifically, modifier 59 identifies a procedure as a distinctly separate service."

Response Submitted by: Corvel

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 fee guideline for professional medical services.

Denial Reasons

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

- 16 – Svc lacks info needed or has billing errors.
- W3 - Appeal/Reconsideration
- Line-Item Note: Documentation does not support a separate... which is required to consider this charge. No payment recommended.
- Line-Item Note: Documentation does not support complex repair. No payment recommended.

Issues

1. Do the disputed services contain National Correct Coding Initiative (NCCI) edit conflicts that may affect reimbursement?
2. Is the Insurance Carrier's denial reason(s) for disputed CPT code rendered on May 22, 2024, supported?
3. Is the Requestor entitled to reimbursement?

Findings

1. 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."

DWC completed NCCI edits to determine if any edit conflicts may affect reimbursement.

The requestor billed the CPT Codes noted below on the disputed date of service May 22, 2024. The following was found, (CPT code in dispute is in bold):

26765 - No NCCI edit conflicts found

11760 - has been billed on the same DOS as another procedure without an appropriate modifier. Typically, procedures or services with the lower relative value should be reported with modifier 51.

13132 - has an unbundle relationship with procedure code 26765 and with 11760; procedure code has been billed on the same DOS as another procedure without an appropriate modifier. Typically, procedures or services with the lower relative value should be reported with modifier 51.

DWC finds that NCCI edits exist on the disputed medical bill which effect reimbursement.

2. The insurance carrier denied reimbursement for disputed CPT code 13132 based on lack of information or billing errors.

CPT code 13132 is related to surgery services and is described as "Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm."

A review of the submitted medical bill finds that no modifier was appended to CPT code 13132 on the disputed date of service. As shown in finding number one, CPT code 13132 was billed on the same date of service with other surgical procedure codes. Per NCCI edits, CPT code 13132 requires an appropriate modifier when billed on the same date of service with CPT codes 26765 and 11760.

DWC finds that the insurance carrier's denial reason of CPT code 13132 rendered on May 22, 2024, is supported.

3. The requestor is seeking reimbursement for disputed CPT code 13132 in the amount of \$1,606.74, rendered on May 22, 2024. Because the insurance carrier's reason for denial is supported, DWC finds that the requestor is not entitled to reimbursement.

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 reimbursement is due for the service in dispute.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement in the amount of \$0.00 for the disputed service.

Authorized Signature

_____	_____	<u>December 19, 2024</u>
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 managing 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.