



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

OCCU Health Surgery Center

Respondent Name

LM Insurance Corp

MFDR Tracking Number

M4-25-0532-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

October 26, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 16, 2023	13131	\$1300.23	\$0.00
November 16, 2023	99205	\$569.28	\$0.00
Total		\$1869.51	\$0.00

Requestor's Position

"I would like to appeal the decision to not pay or underpay for the following..."

Amount in Dispute: \$1,869.51

Respondent's Position

"The bills for DOS 11/16/23 have been reviewed and handled correctly. Code 99205 remains denied as the provider billed the office visit on the same day as surgical procedure CPT 11760. Per billing guidelines the CPT code has 10 day global period for office visits. Code 13131 remains denied in accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient code editor), component code of the comprehensive surgery..."

Response submitted by: Liberty Mutual

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 billing coding guidelines of professional medical services.

Denial Reasons

- 898 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code of comprehensive surgery: Integumentary system procedure (10000-19999) has been disallowed.

Issues

1. Did the parties submit evidence to support disputed code 99205 had been adjudicated?
2. Is the insurance carrier's denial supported?

Findings

1. The requestor is seeking reimbursement of codes 99250. Neither party submitted an explanation of benefits to support adjudication of this claim. 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;" Review of the Medicare global information for code 64831 found a global indicator of 90 (11 for preoperative care). Review of the NCCI Policy Manual, Chapter 1, Section D also at www.cms.gov, states, "If a procedure has a global period of 090 days, it is defined as a major surgical procedure. ... the EM service is separately reportable with modifier 57. ...Other preoperative E&M services on the same date of service a major surgical procedure are included in the global payment for the procedure and are not separately reportable.

Review of code 99205 found a global surgery indicator of "XXX". Review of the NCCI Policy Manual, Chapter 1, Section D also states, "With most "XXX" procedures, the physician may, however, perform a significant and separately identifiable E&M service on the same date of service which may be reported by appending modifier 25 to the E&M code. ...Appending modifier 25 to a significant, separately identifiable E&M service when performed on the same date of service as an "XXX" procedure is correct coding."

Review of the submitted medical bill found neither the 57 modifier nor 25 modifier. No payment is recommended.

2. The remaining code in dispute 13131 – “Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm 59 2.5 cm” was denied based on CCI edits.

DWC Rule 28 Texas Administrative Code §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 applicable Medicare CCI edits at www.cms.gov found.

- Code 13131 has an unbundle relationship with code 64831, 26765, and 11760. This bundled relationship does not allow separate payment unless documentation supports use of an appropriate modifier to indicate this is a separate and distinct service.

No modifier was submitted on the medical bill. The insurance carrier’s denial is supported. No 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 additional reimbursement for the disputed services.

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.