



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Julianne Santarosa

Respondent Name

LM Insurance Corp.

MFDR Tracking Number

M4-25-0949-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

December 30, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 21, 2024	50715-59-LT	\$12,084.00	\$0.00
May 21, 2024	22899-59	\$12,500.00	\$0.00
Total		\$24,584.00	\$0.00

Requestor's Position

Excerpt from the request for reconsideration dated November 25, 2024: "The procedure code 50715-59-LT was distinct and separate... It is further our position this treatment fully complies with the policy terms regarding medical necessity."

Amount in Dispute: \$24,584.00

Respondent's Position

"...cannot unbundle code 22558 by billing another code (22899) stating it is the approach ... when the approach is part of the payment of 22558 as stated above in the Current Procedural Terminology (CPT) description of the code. No payment is due for 22899 as this service is included in 22558 and is not normally billed outside 22558. A surgeon should not be billing the ... separately from 22558... CPT code 50715 is not supported in the operative report... No payment is due for code 50715."

Response submitted by: Liberty Mutual Insurance

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 \(TAC\) §133.305](#) sets out general Medical Dispute Resolution guidelines.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Adjustment Reasons

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

- 305 – The charge for this procedure, material, and or service is not normally billed for Texas jurisdiction claims only.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

Issues

1. Have any surgical services rendered on the disputed date, May 21, 2024, been allowed reimbursement?
2. Is the requestor entitled to reimbursement for disputed procedure code 50715-59?
3. Is the requestor entitled to reimbursement for disputed procedure code 22899-59?

Findings

1. This medical fee dispute resolution (MFDR) request involves surgery services rendered by a medical professional in a hospital setting on May 21, 2024. On this date, the requestor billed the following surgical procedure codes:
 - 22558-62, described as "arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar". This procedure code was allowed reimbursement by the insurance carrier and is not in dispute.
 - 22853-80-59, described as "insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis." This procedure code was allowed reimbursement by the insurance carrier and is not in dispute.

- 50715-59-LT, described as, "ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis." This procedure code was denied reimbursement by the insurance carrier.
- 22899-59, described as, "unlisted spine procedure." This procedure code was denied reimbursement by the insurance carrier.

DWC finds that per the explanation of benefits documents submitted, surgical procedure codes 22558 and 22853 have been reimbursed by the insurance carrier as of the date of this MFDR review. The procedure codes 50715-59 and 22899-59 were denied reimbursement and these are the only two codes in dispute.

2. The requestor is seeking reimbursement for procedure code 50715-59, billed with other surgical services as described in finding number one above, rendered on May 21, 2024.

Procedure code 50715 represents ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis. The requestor appended procedure code 50715 with modifier "59" which indicates that a procedure / service is distinct or independent from other services performed on the same date. Documentation must support the use of modifier "59".

A review of the submitted operative report finds no evidence to support that the procedure represented by code 50715 as defined was distinct or independent from other surgical procedures rendered on the same date of service.

DWC finds that the requestor is not entitled to reimbursement for procedure code 50715-59 on the disputed date of service May 21, 2024.

3. The requestor is seeking reimbursement for procedure code 22899-59 billed with other surgical services as described in finding number one above, rendered on May 21, 2024.

DWC finds that 28 TAC §134.203 applies to the billing and reimbursement of services in this dispute. 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."

Procedure code 22899, per Medicare payment policies, is an unlisted procedure of the spine. The requestor appended this code with modifier "59" which indicates that a procedure / service is distinct or independent from other services performed on the same date. Documentation must support the use of modifier "59".

Unlisted procedure codes are used when no specific code exists for a particular procedure or service and are typically used when a procedure or service is new or innovative, rare or uncommon, experimental or out of the ordinary. When billing an unlisted procedure code, it is necessary to provide a thorough description of the procedure or service performed.

A review of the medical record and operative report submitted does not support a distinct procedure or service performed to justify billing and reimbursement of an unlisted procedure of the spine, appended with modifier "59".

DWC finds that the requestor is not entitled to reimbursement for unlisted procedure code 22899-59 on the disputed date of service May 21, 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 requestor has not established that additional reimbursement is due.

ORDER

Under Texas Labor Code §§413.031, the DWC has determined the requestor is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

_____	_____	March 12, 2025
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.