



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Jason Richard Bailey MD

**Respondent Name**

American Casualty Co of Reading PA

**MFDR Tracking Number**

M4-25-0967-01

**Carrier's Austin Representative**

Box Number 57

**DWC Date Received**

January 6, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 16, 2024	20103	\$4,798.76	\$0.00

### Requestor's Position

"Our claim was processed and reimbursed a partial payment of \$4,023.55. EOB received shows CPT code 20103 denied due to This service/procedure requires that a qualifying service/procedure be received and covered. Code 20103 does not require a primary code for it to be billed and paid and we used appropriate modifiers: ET, 59, F1 along with it. ...Failure to perform the medically necessary **EMERGENT** surgery could have resulted in placing the patient's health in serious jeopardy or serious impairment to bodily functions or even serious dysfunction of a bodily organ."

**Amount in Dispute:** \$4,798.76

### Respondent's Position

"Upon receipt of this Medical Fee Dispute, Carrier forwarded to our bill review vendor, Conduent, for re-evaluation and opinion on bill reduction or further payment. Conduent maintains that CPT 20103 was correctly denied as it is a separate procedure and it is denied when billed with non-separated procedures on the same day. Again, it is the Carrier's position that no additional reimbursement is due to the Requestor."

## **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 guidelines for professional medical services.

### Denial Reasons

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

- B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.
- 299 – This service is an integral part of total service performed and does not warrant separate procedure charge.
- 29 – The time limit for filing has expired.
- W3 – Bill is a reconsideration or appeal.
- 1014 – The attached billing has been re-evaluated at the request of the provider, based on the re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 247 – A payment or denial has already been recommended for this service.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

### Issues

1. Did the requestor support the disputed charge is separately payable?

### Findings

1. The requestor is seeking payment of code 20103 - Exploration of penetrating wound (separate procedure); extremity. The insurance carrier denied the claim as requiring qualifying procedure and being packaged into total service.

DWC Rule §134.043 (b) 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."

Review of the applicable Medicare payment policy "Add-on Code" edits found at <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-add-code-edits>, did not find code 20103 is listed as an add-on code requiring primary code.

Regarding the packaging denial, review of the CCI edits also at [www.cms.gov](http://www.cms.gov), found code 20103 which is defined as - Exploration of penetrating wound (separate procedure); extremity (The physician explores a penetrating wound in the operating room, such as a gunshot or stab wound, to help identify damaged structures. Nerve, organ, and blood vessel integrity is assessed. The wound may be enlarged to help assess the damage. Debridement, removal of foreign bodies, and ligation or coagulation of minor blood vessels in the subcutaneous tissues, fascia, and muscle are also included in this range of codes. Damaged tissues are debrided and repaired when possible. The wound is closed (if clean) or packed open if contaminated by the penetrating body) has an unbundled relation with code 11012 defined as, "Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone."

The requestor submitted the following modifiers on the medical bill.

- ET – Emergency services
- 59 – Distinct procedure services. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual.
- F1 – (redacted)

The requestor states in their position statement, "Failure to perform the medically necessary EMERGENT surgery could have resulted in placing the patient's health in serious jeopardy..." This statement does not support a different session, procedure or surgery or any other requirements when using the 59 modifier.

Review of the operative report does not distinguish how code 20103 is separate and distinct from code 11012. The DWC finds the denial of service based on packaging is supported. No payment 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 requestor 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 reimbursement for the disputed services

## **Authorized Signature**

\_\_\_\_\_  
Signature

Medical Fee Dispute Resolution Officer

February 19, 2025

\_\_\_\_\_  
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](http://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 three or email [CompConnection@tdi.texas.gov](mailto: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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).