



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Jason Richard Bailey

**Respondent Name**

Zurich American Insurance Co

**MFDR Tracking Number**

M4-25-1532-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

March 11, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 23, 2024	11012 20100 13152	14,834.71	\$0.00
<b>Total</b>		<b>\$14,834.71</b>	<b>\$0.00</b>

### Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of a reconsideration dated February 5, 2025 that states, "CPT code 20100 denied for "needing a qualifying service/procedure be received", however, since this is NOT an add on code and there are NO EDITS required for this code, it should process and pay our provider."

**Amount in Dispute:** \$14,834.71

### Respondent's Position

"Documentation Does Not Meet the CPT Requirements for Modifier -59. The Procedure Is Included In Another Procedure."

**Response Submitted by:** Gallagher Bassett

### 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 \(TAC\) §134.203](#) sets out the billing and fee guidelines for professional medical services.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

## Denial Reasons

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

- 00663 – Reimbursement has been calculated based on the state guidelines
- 90121/59 – Charges are adjusted based on the multiple surgery rules or concurrent anesthesia rules
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- 4063 – Reimbursement is based on the physician fee schedule when a professional service was performed in the facility setting
- 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
- 299 – This service is an integral part of total service performed and does not warrant separate procedure charge

## Issues

1. Is the insurance carrier's denial(s) supported?

## Findings

1. The requester is seeking reimbursement of the following.
  - 11012 -59, RT - 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
  - 20100 -ET - Exploration of penetrating wound (separate procedure); neck
  - 13152 ET, 59 - Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm

Code 20100 was denied as requiring a qualifying procedure and being an integral part of total service performed.

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

Review of the applicable coding guidelines states, "This separate procedure by definition is usually a component of a more complex service and is not identified separately." Review of the submitted operative report indicates a complex repair of the (redacted) was rendered. The requestor did not include a modifier to indicate a separate and distinct procedure. Based on this review, no payment is recommended.

Codes 13152 and 11012 each had the 59 modifier appended to the medical bill claim line. Per the above referenced Medicare coding guidelines, the 59 modifier is used to, "indicate that a procedure or service was distinct or independent from other non-evaluation and management (E/M) services performed on the same day."

The Medicare correct coding edits (CCI) found code 11013 and 13152 have an unbundled relationships with codes submitted on the medical bill. Specifically, code 11012 has an unbundle relationship with 20100 and 13152 and code 13152 has an unbundled relationship with code 21470, 21244 and 20100.

The submitted documentation reviewed by the DWC (operative report) does not indicate a separate and distinct procedure for the debridement of the wound or an additional complex repair of the eyelids, nose, ears and/or lips. Additionally, the position statement submitted by the requestor emphasizes the disputed charges were emergency services but does not detail how these procedures were separate and distinct from the primary surgical procedures. The insurance carrier's denial is supported, no additional 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

\_\_\_\_\_  
April 23, 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).