



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Gulf Coast Orthopedic and Hand Surgery

Respondent Name

AIU Insurance

MFDR Tracking Number

M4-26-0211-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 15, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 9, 2025	11012	\$3321.00	\$0.00

Requester's Position

"The patient was diagnosed and treated for (redacted). NCCI EDITS allow for all codes to be utilized and the operative report description indicates work was distinct from other codes.

Amount in Dispute: \$3,321.00

Respondent's Position

"Our bill audit company has determined that no further payment is due. The rationale for this determination is... ..Rationale: CPT 11012-F9 – Denial is correct and can be upheld. Per NCCI, CPT 11012 is included in CPT 13160 and per operative report both procedures were performed with same incision for same diagnosis in same anatomical place (redacted).

Response submitted by: Gallagher Bassett

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

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 90121/59 – Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.
- 90223/P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 31029 – Per CPT code description, debridement code is only allowed for open fractures or dislocations. Service included in another code billed on the same day.
- 4063 – Reimbursement is based on the physician fee schedule when a professional service was performed in the facility setting.
- 86 – Service performed was distinct or independent from other services performed on the same day.
- 90563/193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 90950 – This bill is a reconsideration of a previously reviewed bill; allowance reflect any changes to the previous payment.

Issues

1. Is the insurance carrier's denial supported?

Findings

1. The requester is seeking reimbursement for code 11012 – 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, modifier F9 was appended to the code.

The insurance carrier denied the code as, 13160 – Per CPT code description, debridement code is only allowed for open fractures or dislocations. **Service included in another code billed**

on the same day.

DWC Rule 28 TAC 134.203 (b) 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

Review of the CMS NCCI edits for Medicare at <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits>, states, "National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits prevent inappropriate payment of services that should not be reported together. Each edit has a Column One and Column Two HCPCS/CPT code. If a provider reports the two codes of an edit pair for the same beneficiary on the same date of service, the Column One code is eligible for payment, **but the Column Two code is denied unless a clinically appropriate NCCI PTP-associated modifier is also reported.**"

Review of the submitted medical bill found code 13160. This code is listed as a Column 1 code in the NCCI Procedure to Procedure (PTP) Edits. The code 11012 is listed as a Column Two code. The medical bill did not have the appropriate NCCI PTP-associated modifier(s).

CMS has published a MedLearn Matters Article, MLN901346 at https://www.cms.gov/Outreach-and-Education/MLN/Educational-Tools/MLN901346-How-to-use-the-Medicare-NCCI/ncci-medicare/chapter_2_using_the_ncci_tools/, that details how to use the Medicare National Correct Coding Initiative (NCCI) Tools.

Based on review of all the information available at the time of this review, DWC finds the requester did not submit the appropriate modifier that would allow the consideration of the submitted clinical information at the time of original submission or reconsideration.

Payment is not recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 requester is not entitled to additional reimbursement for the disputed services.

Authorized Signature

November 14, 2025

Date

Signature

Medical Fee Dispute Resolution Officer

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.