



# Texas Department of Insurance

## Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

Michael N Thompson

**Respondent Name**

Liberty Mutual Insurance Co

**MFDR Tracking Number**

M4-13-2067-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

April 18, 2013

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "We are submitting this MFDR for timely payment based on the laws governing DD Examinations."

**Amount in Dispute:** \$7,070.00

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The bill was paid per the Texas WC Fee Schedule."

**Response Submitted by:** Liberty Mutual Insurance

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 11, 2013	99204, 95913, 95885, A4556, A4215, A4558	\$7,070.00	\$0.00

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - X263 – The code billed does not meet the level/description of the procedure performed/documented
  - B291 – This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed
  - 193 – Original payment decision is being maintained

**Issues**

- 1. Did the respondent pay per Division reimbursement guidelines?
- 2. Was the level of service supported by documentation?
- 3. Is the requestor entitled to reimbursement?

**Findings**

- 1. 28 Texas Administrative Code §134.203 (c) states in pertinent part, "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is date of service yearly conversion factor." The calculation for the submitted code 99204 is as follows; (TDI-DWC Conversion Factor / Medicare Conversion Factor) x Non-Facility Price or (55.3 / 34.023) x \$165.38 = \$268.80. The requested sought \$250.00 for the date of service. This amount was paid by the carrier. No additional payment recommended.
- 2. The carrier denied CPT code 95913 as, X263 - The code billed does not meet the level/description of the procedure performed/documented." 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, "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; ... and other payment policies in effect on the date a service is provided..." The American Medical Association (AMA) CPT code description for 95913 is defined as; "Nerve conduction studies 13 studies". The submitted Electromyography Report dated 8/10/2012 is not for the claimant. No documentation was found to support the disputed services were performed on the date of service in question for the patient named in the dispute. The carrier's denial is supported.  
 The carrier denied CPT code 95885 as U058 – "Z710 – The charge for this procedure exceeds the fee schedule allowance." The CPT code 95886 is classified as an "add-on" code and is associated with primary procedure. This code must never be reported as a standalone code. No separate payment can be recommended.  
 The carrier denied CPT code A4556, A4215, and A4558 as B291 – "This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed." These codes are bundled codes and not payable separately. No separate payment can be recommended.
- 3. Requirements of Rule §134.203 are not met. No additional payment can be recommended.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	November , 2014 Date
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### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**