



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

G. PETER FOOX, MD

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-13-2679-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

JUNE 18, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: The requestor did not submit a position summary.

Amount in Dispute: \$1,663.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor initially billed codes 95903, 95904, 95861, and 95869. Medicare discontinued coverage of codes 95903 and 95904 on 12/31/12. The NCCI Edits indicate code 95869 is bundled to 95861 absent a modifier. (Attachment) As a result Texas Mutual paid code 95861 only...The requestor submitted an appeal with a change in coding from 95903 and 95904 to 95911...Texas Mutual declined to issue payment for the 95911 code as Medicare has bundled it to code 95861 without exception. For these reasons no additional payment is due."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 18, 2013	CPT Code 95911 Nerve Conduction Studies (9-10)	\$1,500.00	\$0.00
	CPT Code 95861 Needle EMG	\$0.00	\$0.00
	CPT Code 95869 Needle EMG	\$163.00	\$0.00
TOTAL		\$1,663.00	\$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, effective March 1, 2008, 33 *Texas Register* 364, sets the reimbursement guidelines for the disputed service.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 435-Per NCCI edits, the value of this procedure is included in the value of the comprehensive procedure.
 - 877-Bill previously processed. Refer to rule 133.250 regarding request for reconsideration.
 - CAC-18-Duplicate claim/service.
 - 224-Duplicate charge.
 - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is the allowance for CPT code 95911 included in the allowance of code 95861?
2. Is the allowance for CPT code 95869 included in the allowance of code 95861?

Findings

1. According to the explanation of benefits, the respondent denied reimbursement for CPT code 95911 based upon reason code "435". The respondent states in the position summary that "Texas Mutual declined to issue payment for the 95911 code as Medicare has bundled it to code 95861 without exception."

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 Texas Administrative Code §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."

Per CCI edits, CPT code 95911 is a component of code 95861; therefore, reimbursement is not recommended.

2. The respondent states in the position summary that payment for code 95869 was denied because "95869 is bundled to 95861 absent a modifier".

Per CCI edits, CPT code 95869 is a component of code 95861, a modifier is allowed to differentiate the service. A review of the requestor's billing finds that a modifier was not appended to code 95869 to differentiate the service; therefore, code 95869 is a component of 95861. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due for the specified services. 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

12/19/2014

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.