



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

MEMORIAL MRI & DIAGNOSTIC

Respondent Name

LIBERTY INSURANCE CORP

MFDR Tracking Number

M4-14-1049-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

DECEMBER 9, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The primary code is code 95910 and I have enclosed the EMG/NCV reports that show the description of procedure and documentation of the procedure."

Amount in Dispute: \$696.48

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Memorial MRI & Diagnostic is disputing the denial of CPT 95910 (Nerve conduction studies; 7-8 studies), as the code billed does not meet the level/description of the procedure performed/documented and consideration will be given with coding that reflects the documented procedure. With the denial of CPT 95910 (primary code), the EMG code of 95886 (as an add-on code) was subsequently denied as not billed with primary code. With correct coding of the documented nerve conduction studies the EMG would have been paid. However the nerve conduction code was not corrected on appeal. Payment cannot be made for an add-on code billed without the correct primary code... **Supplies required to perform a procedure are not separately payable per Medicare guidelines and support our denial of the HCPCS A4215** (Needle, sterile, any size, each), A4556 (Electrodes (e.g., apnea monitor), per pair) and A4558 (Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz)."

Response Submitted By: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 19, 2013	CPT Code 95886 Needle EMG	\$282.90	\$138.11
	CPT Code 95910 Nerve conduction studies; 7-8 studies	\$337.58	\$0.00
	HCPCS Code A4215 Needle, sterile, any size, each	\$50.00	\$0.00
	HCPCS Code A4556 Electrodes (e.g., apnea monitor), per pair	\$13.00	\$0.00
	HCPCS Code A4558 Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz	\$13.00	\$0.00
TOTAL		\$696.48	\$138.11

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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 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:
 - 181-Code description not given.
 - U058-Procedure code should not be billed without appropriate primary procedure.
 - 150- Payment adjusted because the payer deems the information submitted does not support this level of service.
 - X263-The code billed does not meet the level/description of the procedure performed/documented. Consideration will be given with coding that reflects the documented procedure.
 - B291-This is a bundled or non-covered procedure based on Medicare guidelines; no separate payment allowed.
 - 193-Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

Issues

1. Does the documentation support billing of codes 95910?
2. Is the respondent's denial of code 95886 based upon "U058" supported?
3. Is the value of HCPCS codes A4215, A4556 and A4558 included in the value of another procedure billed on the disputed date?
4. Is the requestor entitled to additional reimbursement?

Findings

1. According to the submitted explanation of benefits, the respondent denied reimbursement for CPT code 95910 based upon reason code "150."

CPT code 95910 is defined as "Nerve conduction studies; 7-8 studies."

The respondent noted in the position summary that "According to CPT guidelines for the 2013 nerve conduction studies, **three types of nerve conduction studies are** represented by these codes: 1) sensory conduction, 2) motor conduction (with or without an F wave test), or an 3) H-reflex test. **Each type of study is reported only once regardless of the number of times performed on the same nerve in different areas. Do not report more than one study when multiple sites on the same nerve are tested.**"

Per the CPT 2013 book, "each type of conduction study is counted only once when multiple sites on the same nerve are stimulated or recorded. The numbers of these separate tests should be added to determine which code to use."

A review of the submitted documentation does not support the billing of code 95910; therefore, the respondent's denial based upon reason code "150" is supported. As a result, reimbursement is not recommended.

2. According to the submitted explanation of benefits, the respondent denied reimbursement for CPT code 95886 based upon reason code "U058".

CPT Code 95886 is defined as "Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)."

The electrodiagnostic studies report supports billing of code 95886; therefore, reimbursement is recommended per Division fee guideline.

Per 28 Texas Administrative Code §134.203(c)(1)(2), "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 \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

The 2013 DWC conversion factor for this service is 55.30.

Review of Box 32 on the CMS-1500 the services were rendered in Houston, Texas; therefore, the Medicare participating amount is based upon the locality of Houston, Texas.

The Medicare conversion factor is 34.0230

The Medicare participating amount for code 95886 is \$84.97

Using the above formula, the Division finds the MAR for code 95886 is \$138.11. The respondent paid \$0.00. As a result, the requestor is due \$138.11.

3. The respondent denied reimbursement for HCPCS code A4215, A4556 and A4558 based upon reason code "B291".

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."

Per Publication 100-04 Medicare Claims Processing policy if supplies (HCPCS codes A4556, A4215, and A4558) are incidental to the physician service, it is not separately payable. A review of the submitted documentation does not support a separate service. As a result, reimbursement is not recommended

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$138.11.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$138.11 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

10/20/2014

Date

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