



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

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

STEVE SACKS, MD

Respondent Name

LIBERTY MUTUAL FIRE INSURANCE

MFDR Tracking Number

M4-14-1810-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

FEBRUARY 21, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The claim was billed per Medical Fee Guideline conversion factors as established in 28 Texas Administrative Code 134.203."

Amount in Dispute: \$1,019.12

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CPT 95913...is not supported...CPT 95886...You have billed for three extremities and only 2 are documented."

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 27, 2013	CPT Code 99204 New Patient Office Visit	\$0.00	\$0.00
	CPT Code 95886 (X3) Needle EMG	\$453.93	\$0.00
	CPT Code 95913 Nerve Conduction Studies (13 or more)	\$540.19	\$0.00
	HCPCS Code A4556 Electrodes	\$25.00	\$0.00
TOTAL		\$1,019.12	\$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:
 - 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.
 - X571-Date of service exceeds 10 month time period for submission per rule 133.250(B).
 - B13-Previously paid. Payment for this claim/service may have been provided in a previous payment.
 - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - U058-Procedure code should not be billed without appropriate primary procedure.
 - X133-This charge was not reflected in the report as one of the procedures or services performed.
 - B291-This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed.
 - X598-Claim has been re-evaluated based on additional documentation submitted; no additional payment due.
 - U301-This item has been reviewed on a previously submitted bill, or is currently in process. Notification of decision has been previously provided or will be issued upon completion of our review.

Issues

1. Did the requestor bill for CPT code 95886 in conjunction with a primary procedure? Does the documentation support billing of code 95886 (X3)?
2. Does the documentation support billing of code 95913?
3. Is the benefit for HCPCS code A4556 included in the benefit of another service billed on the disputed date? Is the requestor entitled to reimbursement for HCPCS code A4556?

Findings

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

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."

A review of the submitted medical bill finds that the requestor billed the needle EMG in conjunction with a NCS; therefore, the respondent's denial based upon reason code "U058" is not supported. A review of the submitted billing finds that the requestor billed for three units of code 95886. The Division finds that the submitted documentation does not support billed service. As a result, reimbursement is not recommended.

2. The respondent denied reimbursement for the nerve conduction studies based upon reason code "X263".

CPT code 95913 is defined as a 13 or more nerve conduction studies. A review of the submitted medical report supports 10 studies; therefore, the requestor did not support billing CPT code 95913. As a result, reimbursement is not recommended

3. According to the explanation of benefits, the respondent denied reimbursement for HCPCS code A4556 based upon reason code "X133."

HCPCS Code A4556 is defined as "Electrodes (e.g., apnea monitor), per pair."

Per Medicare guidelines, if HCPCS codes A4556 is 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 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

12/12/2014

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.