



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

AHMED KHALIFA, MD

Respondent Name

AMERICAN CASUALTY CO OF READING PA

MFDR Tracking Number

M4-14-2001-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

MARCH 7, 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: \$374.99

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CPT 99203 12/18/2013 – Provider billed \$192.97. The provider states on the DWC-60 he was paid \$176.14, this is incorrect as the providers charge was denied and a payment allowance of zero was issued. CPT 99203 would be included in procedures performed on the same day (95886 & 95912), as the provider has not appended a modifier to show that this was a separate Evaluation & Management service in addition to a needle EMG and Nerve conduction studies performed by Dr. Khalifa on the same day. In addition the documentation submitted does not support that an office visit was even performed on 12/18/2013...CPT 95886 12/18/2013 – Provider billed \$603.20. The provider states on the DWC-60 he was paid \$575.28, this is incorrect as the provider was paid \$552.44 as noted on under ICN 26133580696500 on 01/02/2014...CPT 95912 12/18/2013 – Provider billed \$540.19. The provider states on the DWC-60 he was paid \$209.95, this is incorrect as the provider was paid \$425.37...CPT A4556 0925/2013 – Provider billed \$25.00 for electrodes this line item was denied as the supply is included as part of the payment for EMG/NCS testing. Supplies or material normally required to complete the procedure should not be billed separately. This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed. Carrier respectfully requests an order of no additional reimbursement as the bill has been processed and paid at \$877.81 as per the Texas Department of Insurance Division of Worker's Compensation policy guidelines."

Response Submitted by: Law Offices of Brian J. Judis

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 18, 2013	CPT Code 99203 New Patient Office Visit	\$16.83	\$0.00
	CPT Code 95886 (X4) Needle EMG	\$27.92	\$0.00
	CPT Code 95912 Nerve Conduction Studies (11-12)	\$330.24	\$0.00
	HCPCS Code A4556 Electrodes	\$0.00	\$0.00

TOTAL		\$374.99	\$0.00
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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:
 - 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - W1-Workers compensation state fee schedule adjustment.
 - The office visit is included in the procedure and is not reimbursable.
 - P300-The amount paid reflects a fee schedule reduction.
 - MT12-Diagnosis code indicates severe injury.
 - Z710-The charge for this procedure exceeds the fee schedule allowance.
 - 150-Payer deems the information submitted does not support this level of service.
 - W3-Request for reconsideration.
 - 193, ZD86-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - The level of E&M code submitted is not supported by documentation.
 - 18-Duplicate claim/service

Issues

1. Does the documentation support billing CPT code 99203?
2. Is the requestor entitled to additional reimbursement for CPT codes 95886, and 95912?

Findings

1. The respondent denied reimbursement for the office visit based upon reason codes "97" and "150".

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."

CPT code 99203 is defined as "Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family."

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 Medicare's CCI edits, CPT code 99203 is not a component of either code 95886 or 95912; therefore, the respondent's denial based upon reason code "97" is not supported.

The respondent also raised the issue that the documentation did not support billing CPT code 99203. A review of the submitted Electromyography report does not support billing CPT code 99203. The Division finds that the

respondent's denial based upon reason code "150" is supported. As a result, reimbursement is not recommended.

2. The requestor is seeking additional reimbursement for CPT codes 95886, and 95912. A review of the submitted Table of Disputed Services, explanation of benefits and respondent's position summary finds a discrepancy on the amount paid for these services. The requestor noted on the Table of Disputed Services that the respondent had paid code 95886 at \$575.28 and code 95912 at \$209.95. The Division finds that the explanation of benefits support the respondent's position summary that payment of \$552.44 was issued for code 95886 and \$425.37 for 95912.

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 55.3.

The Medicare Conversion Factor is 34.023

Review of Box 32 on the CMS-1500 the services were rendered in zip code 77042, which is located in Houston, Texas. Therefore, the Medicare participating amount will be based on the reimbursement for "Houston, Texas".

Using the above formula, the Division finds the following:

Code	Medicare Participating Amount	Maximum Allowable	Carrier Paid	Due
95886 (X4)	\$84.97	\$552.43	\$552.44	\$0.00
95912	\$261.71	\$425.37	\$425.37	\$0.00

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.