



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

DALLAS TESTING, INC

Respondent Name

HARTFORD UNDERWRITERS INSURANCE

MFDR Tracking Number

M4-15-1475-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

JANUARY 20, 2015

REQUESTOR'S POSITION SUMMARY

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

Amount in Dispute: \$627.58

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our investigation found the following that reimbursement has been made in accordance with Texas Fee Schedule and guidelines."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 2, 2014	CPT Code 95913 Nerve Conduction Studies (13 or more)	\$482.86	\$0.00
	CPT Code 95886 Needle EMG	\$144.72	\$0.00
	CPT Code 95869 Needle EMG	\$0.00	\$0.00
	HCPCS Code A4215 Sterile Needles	\$00.00	\$0.00
TOTAL		\$627.58	\$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, effective June 1, 2012 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203, effective March 1, 2008, 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-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - 906-In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), component code or comprehensive medicine, evaluation and management services procedure (90000-99999) has been disallowed.
 - 107-Claim/service denied because the related or qualifying claim/service was not previously paid or identified on this claim.
 - 292-This procedure code is only reimbursed when billed with the appropriate initial base code.
 - 193-Original payment decision is being maintained. Upon review , it was determined that this claim was processed properly.
 - W3-Additional payment made on appeal/reconsideration.
 - 1115-We find the original review to be accurate and are unable to recommend any additional allowance.

Issues

1. Is the benefit for CPT code 95913 included in the benefit of another service billed on the disputed date?
2. Is the requestor entitled to reimbursement for CPT codes 95886?

Findings

1. According to the explanation of benefits, the respondent denied reimbursement for CPT code 95913 based upon reason code "97."

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: 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."

On the disputed date of service, the requestor billed CPT codes 95913, 95886, 95869, and A4215.

- CPT code 95913 is defined as "Nerve conduction studies; 13 or more studies."
- 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)."
- CPT code 95869 is defined as "Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)."
- HCPCS code A4215 is defined as "Needle, sterile, any size, each."

According to CCI edits, code 95913 is a component of code 95869 and a modifier is not allowed to differentiate the service; therefore, the respondent's denial based upon reason code "97" is supported. As a result, no reimbursement is recommended.

2. The respondent denied reimbursement for CPT code 95886 based upon reason codes "107" and "292."

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 95886 is an add-on code that describes additional services associated with the primary procedure. The primary procedure associated with code 95886 is 95913. Because the primary procedure was global to another service and not reimbursable, the respondent's denial based upon reason codes "107" and "292" are supported.

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

04/07/2015

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.