



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 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Igor Rakovchik DO

Respondent Name

City of Wichita Falls

MFDR Tracking Number

M4-17-1422-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

January 17, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

Amount in Dispute: \$295.03

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "There is not documentation that an evaluation or consult was requested by the designated doctor. When electrodes are incident to a physician's service, they are not separately payable."

Response Submitted by: Edwards Claims Administration

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: September 6, 2016, 99204, A4556, A4215, \$295.03, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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 sets out the reimbursement guidelines for professional services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- 165 - Payment denied/reduced for absence of, or exceeded referral
- P14 - The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day
- W3 - Additional reimbursement made on reconsideration
- 193 - Original payment decision is being maintained. This claim processed properly the first time.

## **Issues**

1. Are the insurance carrier's denial of the evaluation and management services supported?
2. Are the supplies separately payable?

## **Findings**

1. The requestor is seeking additional reimbursement of \$295.03 for professional services rendered on September 6, 2016.

The insurance carrier denied Code 99204 with claim adjustment reason code 165 – “Payment denied/reduced for absence of, or exceeded referral” and Codes A4556 and A4215 as P14 – “The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day.”

28 Texas Administrative Code §127.10 (c) states,

The designated doctor shall perform additional testing when necessary to resolve the issue in question. The designated doctor shall also refer an injured employee to other health care providers when the referral is necessary to resolve the issue in question and the designated doctor is not qualified to fully resolve the issue in question.

Review of the document titled “Electromyography (EMG/NCV) with Consultation” states, “The above examinee was referred for Electromyography Testing (EMG/NCV) with consultation by the above listed referring party. The examinee underwent testing as follows:”

Insufficient evidence found to support that Dr. Karthik Sampath MD, made a referral for the evaluation and management service reported as Code 99204. Therefore, the carrier's denial supported.

2. The requestor seeks separate reimbursement for Code A4556 - Electrodes (e.g., apnea monitor), per pair and Code A4215 - Needle, sterile, any size, each.

28 Texas Administrative Code 134.203 (b) 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.

Review of the Medicare payment policy finds a status code of “P – Bundled/Excluded.” Therefore, the carrier's denial as “P14 – The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day” is supported no additional payment recommended.

## **Conclusion**

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

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 9, 2017  
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, 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 MFDR 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.**