



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

EDWARD ICAZA, MD

Respondent Name

ZURICH AMERICAN INSURANCE CO

MFDR Tracking Number

M4-18-1700-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

JANUARY 29, 2018

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: \$153.53

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The DWC-60 is concerning three CPT codes all for a date of service of May 5, 2017. Those CPT codes are 99202, A4556 and A4215. However, there is a problem with the provider's appeal procedures. The provider's initial medical bill was in the amount of \$925.38. At that time, the provider was billing under CPT code 99204 rather than 99202. Not attached to the provider's DWC-60 packet is the carrier's EOB dated June 1, 2017. We are attaching a copy of it. The provider's initial medical bill that identifies CPT code 99204 is in the provider's DWC-60 packet. The provider filed a request for reconsideration on June 14, 2017, but it continued to request reimbursement for CPT code 99204 rather than 99202. The carrier filed an EOB on July 7, 2017 in response to the provider's request for reconsideration. It was not until July 22, 2017, that the provider changed CPT code 99204 to 99202. However, it was done as a request for reconsideration. That was the first time that 99202 had been submitted to the carrier. It should have been submitted as an initial bill and not a request for reconsideration. Thus, before the provider could file a request for Medical Fee Dispute Resolution concerning CPT code 99202, it was required to have filed a request for reconsideration. It failed to do so. With respect to CPT code A4556...According to the CMS Physician Fee Schedule rule, status code 'P' is not separately reimbursed when billed with other payable services. Thus, it is not reimbursable in light of it being billed with other services. With respect to CPT code A4215...the reimbursement rate for that zip code is \$.91 which is the amount that has already been reimbursed."

Response Submitted By: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 21, 2017	CPT Code 99204 New Patient Office Visit	\$122.54	Not eligible for review
	CPT Code 95886 (X2) Needle EMG	\$0.00	\$0.00
	CPT Code 95910 Nerve Conduction Studies	\$0.00	\$0.00
	HCPCS Code A4556 Electrodes	\$16.90	\$0.00
	HCPCS Code A4215 Needle	\$14.09	\$0.00
TOTAL		\$153.53	\$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

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the health care providers billing procedures.
3. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the reimbursement guidelines for professional services.
4. 28 Texas Administrative Code §133.250 sets out the medical bill processing and audit by insurance carriers procedures.
5. The services in dispute were reduced / denied by the respondent with the following reason code:
 - P5-Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement.
 - 234-This procedure is not paid separately.
 - P12-Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. What is the applicable fee guideline for professional services?
2. Is CPT code 99202 eligible for dispute resolution?
3. Was HCPCS code A4556 billed in accordance with fee guideline? Is the requestor eligible for reimbursement per guidelines?
4. Was HCPCS code A4215 billed in accordance with fee guideline? Is the allowance of HCPCS code A4215 included in the allowance of another procedure performed on the disputed date of service? Is the requestor eligible for reimbursement per guidelines?

Findings

1. The fee guidelines for disputed services are found in 28 Texas Administrative Code §134.203.
2. The requestor is seeking medical dispute resolution for code 99202-Office visit rendered on May 5, 2017.

Whether the request for medical fee dispute for code 99202 is eligible for review relies upon whether the requestor satisfied the relevant prerequisite requirements as follows:

28 Texas Administrative Code §133.307(c)(2)(J) requires the requestor to submit “a paper copy of all medical bill(s) related to the dispute, as originally submitted to the insurance carrier in accordance with this chapter and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (relating to General Medical Provisions).”

28 Texas Administrative Code §133.240 states that the insurance carrier shall take final action after conducting bill review on a complete medical bill not later than the 45th day after the date the insurance carrier receives a complete medical bill. It is the requestor’s burden to prove that the carrier in this case received the medical bill for the service in dispute.

28 Texas Administrative Code §133.250(i) states “If the health care provider is dissatisfied with the insurance carrier’s final action on a medical bill after reconsideration, the health care provider may request medical dispute resolution in accordance with the provisions of Chapter 133, Subchapter D of this title (relating to Dispute of Medical Bills).” When read together, the requirements listed above obligate the requestor to provide proof that the medical bill for the services in dispute was appealed in accordance with §133.250.

When read together, the requirements listed above obligate the requestor to provide proof that the medical bill for the services in dispute was appealed in accordance with §133.250.

The Division reviewed the submitted documentation and finds:

- The respondent wrote, “The respondent wrote, “The provider’s initial medical bill that identifies CPT code 99204 is in the provider’s DWC-60 packet. The provider filed a request for reconsideration on June 14, 2017, but it continued to request reimbursement for CPT code 99204 rather than 99202. The carrier filed an EOB on July 7, 2017 in response to the provider’s request for reconsideration. It was not until July 22, 2017, that the provider changed CPT code 99204 to 99202. However, it was done as a request for reconsideration. That was the first time that 99202 had been submitted to the carrier.”
- The requestor initially billed CPT code 99204 ; then stamped “Amended” and “Request for Reconsideration” on the subsequent bill with the office visit coded 99202.No documentation was found to support that the requestor engaged in reconsideration with the carrier in the manner specified under Rule §133.250.
- Neither party to the dispute submitted any explanation of benefits for CPT code 99202.

Because the requestor did not support that they had submitted the bills to the insurance carrier and sought reconsideration as required by 28 Texas Administrative Code §133.250(i) prior to seeking medical fee dispute resolution, the services in dispute are not ripe for fee dispute resolution; therefore, not eligible for review.

3. 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.”

The requestor is seeking reimbursement of \$16.90 for HCPCS code A4556. According to the explanation of benefits, the respondent denied reimbursement for HCPCS code A4556 based upon reason code, “234-This procedure is not paid separately.”

HCPCS code A4556 is described as “Electrodes (e.g., apnea monitor), per pair.”

Per Medicare guidelines, Transmittal B-03-020, effective February 28, 2003 if Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) HCPCS codes are incidental to the physician service, it is not separately payable. A review of the submitted documentation does not support a separate service to support billing HCPCS code A4556. As a result, reimbursement is not recommended.

4. The requestor is seeking additional reimbursement of \$14.09 for HCPCS code A4215. According to the explanation of benefits, the respondent paid \$0.91 for HCPCS code A4215 based upon reason code, “P5-

Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement.”

HCPCS code A4215 is defined as “Needle, sterile, any size, each.”

Per Medicare guidelines, Transmittal B-03-020, effective February 28, 2003 if Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) HCPCS codes are incidental to the physician service, it is not separately payable. A review of the submitted documentation does not support a separate service to support billing HCPCS code A4215 in conjunction with CPT codes 95886 and 95910. 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.

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

		02/21/2018
Signature	Medical Fee Dispute Resolution Officer	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.