



## 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 E. ICAZA, MD

**Respondent Name**

TRUMBULL INSURANCE CO

**MFDR Tracking Number**

M4-19-4339-01

**Carrier's Austin Representative**

Box Number 47

**MFDR Date Received**

JUNE 3, 2019

### 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:** \$211.81

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Date of service in dispute was processed in accordance with Texas Workers' Compensation Guidelines, 28 TAC §134.203 (b) (1). Modifier 25 indicates that on the day of a procedure, the patient's condition required a significant and separately identifiable E/M service above and beyond that which is usual for a pre- and post-operative care that is associated with the surgical procedure. Documentation received from the provider did not support the aforementioned definition above."

**Response Submitted By:** The Hartford

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 7, 2018	CPT Code 99203-25 New Patient Office Visit	\$180.00	\$0.00
	CPT Code 95886 Needle EMG	\$0.00	\$0.00
	CPT Code 95913 Nerve Conduction Studies	\$0.00	\$0.00
	HCPCS Code A4556 Electrodes	\$16.90	\$0.00
	HCPCS Code A4215 Needles	\$15.00	\$0.00
TOTAL		\$211.81	\$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, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. 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 claim adjustment reason code(s):
  - 55-The E/M service is warranted/reimbursable when significant, identifiable and additional services are performed in conjunction with the service. Therefore, no reimbursement was made for the E/M service as it is included in the service performed.
  - 97-Payment is included in the allowance for another service/procedure.
  - 243-The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed.
  - P12- Workers' compensation jurisdictional fee schedule adjustment.
  - 309-The charge for this procedure exceeds the fee schedule allowance.

### **Issues**

1. Was the office visit billed in accordance with fee guideline? Is the requestor entitled to reimbursement?
2. Is the allowance of HCPCS code A4556 included in the allowance of another service performed on this date?
3. Is the allowance of HCPCS code A4215 included in the allowance of another service performed on this date?

### **Findings**

1. The fee guidelines for disputed services are found in 28 Texas Administrative Code §134.203.

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 described 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."

The requestor appended modifier "25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service" to code 99203.

Modifier "25" is defined as "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services

on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service.”

A review of the submitted report does not support “a significant, separately identifiable E/M service above and beyond the other service provided,” and “documentation that satisfies the relevant criteria for the respective E/M service to be reported.” The division finds the requestor’s documentation does not support the required 3 key components for code 99203. As a result, reimbursement is not recommended.

2. The requestor is seeking medical dispute resolution for \$16.90 for HCPCS code A4556.

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

The respondent denied reimbursement based upon reason codes “243-The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed,” and “97-Payment is included in the allowance for another service/procedure.”

Per Medicare physicians’ fee schedule, code A4556, is a status “P” code.

Status “P” codes are defined as “Bundled/excluded codes. There are no RVUs and no payment amounts for these services. No separate payment is made for them under the fee schedule. If the item or service is covered as incident to a physician service and is provided on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident (an example is an elastic bandage furnished by a physician incident to a physician service). If the item or service is covered as other than incident to a physician service, it is excluded from the fee schedule (for example, colostomy supplies) and is paid under the other payment provision of the Act.”

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.

3. The requestor is seeking medical dispute resolution for \$15.00 for HCPCS code A4215. The respondent noted on the explanation of benefits, that \$0.25 was paid for code A4215 per the fee guideline.

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 95913. As a result, additional 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**

_____	_____	06/27/2019
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.**