



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

JAMES WEISS, MD

Respondent Name

AMERICAN CASUALTY CO OF READING PA

MFDR Tracking Number

M4-20-2139-01

Carrier's Austin Representative

Box Number 57

MFDR Date Received

MAY 4, 2020

REQUESTOR'S POSITION SUMMARY

"THE CONSULT WAS DOWNCODED IN THE RFR SUBMISISON, BUT THAT WAS NOT ADDRESSED BY THE CARRIER...The carrier has reduced this claim inappropriately and not in accordance and compliance with TDI-DWC Rule 133 and 134."

Amount in Dispute: \$217.89

RESPONDENT'S POSITION SUMMARY

"After a review by Conduent's Bill Review team based on the treatment notes submitted with CPT code 99204, it was noted the key components of CPT code 99204 requirements were not met as per the AMA's CPT guidelines...A4556...was incorrectly denied. Carrier is reimbursing the \$16.90 requested by the Healthcare Provider. A4215 was denied as not separately reimbursable...has a status code of P."

Response Submitted By: Law Office of Brian J. Judis

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 28, 2020	CPT Code 99203-25 New Patient Office Visit	\$185.99	\$0.00
	CPT Code 95886 Needle EMG	\$0.00	\$0.00
	CPT Code 95911 Nerve Conduction Studies	\$0.00	\$0.00
	HCPCS Code A4556 Electrodes	\$16.90	\$0.00
	HCPCS Code A4215 Needles	\$15.00	\$0.00
TOTAL		\$217.89	\$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 (DWC).

Background

1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.20, effective January 29, 2009, sets out the health care providers billing procedures.
3. 28 Texas Administrative Code §133.250 sets out the medical bill processing and audit by insurance carriers procedures.
4. 28 TAC §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
5. The respondent reduced / denied reimbursement for the disputed services based upon the following claim adjustment 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.
 - 1014-The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
 - 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - W3-Additional payment made on appeal/reconsideration.
 - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 114-Surgical services include normal debridement.
 - 942-Separate reimbursement for this line item is denied. The clinical information and detail submitted on the procedures rendered, indicates that separate reimbursement for this line would be inappropriate or has been included in the value of the procedure performed.
 - P5-Based on payer reasonable and customary fees, no maximum allowable defined by legislated fee arrangement.
 - 5211-Nurse audit has resulted in an adjusted reimbursement.

Issues

Is the requestor entitled to reimbursement for the disputed services rendered on January 28, 2020 ?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$217.89 for CPT codes 99203-25, A4556 and A4215 rendered on January 28, 2020.
2. The fee guidelines for disputed services are found in 28 TAC §134.203.

28 TAC §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."
3. 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 99204.

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.”

The requestor submitted the original and reconsideration bill that indicate CPT code 99204-25 was billed for the evaluation and management service. The dispute packet did not contain any bills for CPT code 99203-25.

Whether the requestor’s medical fee dispute 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 §133.250(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.

No documentation was found to support that the requestor sought reconsideration as required by 28 Texas Administrative Code §133.250(i). For that reason, the service in dispute is therefore not ripe for fee dispute resolution.

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

The respondent denied reimbursement based upon “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.”

The respondent reconsidered the denial and wrote, “Carrier is reimbursing the \$16.90 requested by the Healthcare Provider.” The DWC concludes the dispute is resolved and will not consider the issue any further for this code.

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

The respondent denied reimbursement for HCPCS code A4215 based upon “942-Separate reimbursement for this line item is denied. The clinical information and detail submitted on the procedures rendered, indicates that separate reimbursement for this line would be inappropriate or has been included in the value of the procedure performed.”

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 95911. As a result, reimbursement is not recommended.

Conclusion

The DWC finds that the requestor failed to submit the medical bill in dispute for reconsideration as required by Rule §133.307(c)(2)(J) for CPT code 99203-25. Because the requestor failed to seek reconsideration for CPT code 99203-25 it is not eligible for medical fee dispute resolution. For the reasons stated above, the DWC 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 DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

		05/29/2020
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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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 DWC. **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.