



**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**

DALLAS TESTING, INC

**Respondent Name**

ZURICH AMERICAN INSURANCE CO

**MFDR Tracking Number**

M4-20-2308-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

MAY 18, 2020

**REQUESTOR'S POSITION SUMMARY**

"The above date of service was not paid and has been returned due to reason 'The documentation doesn't support the level of service billed.' This is incorrect...Since the patient was tested for both upper and lower extremities, the codes used and recorded in the report are CORRECT."

**Amount in Dispute:** \$71.49

**RESPONDENT'S POSITION SUMMARY**

"It remains the carrier's position that the documentation does not support the level of service billed for CPT code 95913."

**Response Submitted By:** Flahive, Ogden & Latson

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 3, 2020	CPT Code 95886 Needle EMG	\$0.00	\$0.00
	CPT Code 95913 Nerve Conduction Studies	\$71.49	\$71.49
TOTAL		\$71.49	\$71.49

## ***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 § 133.240, effective March 30, 2014 sets out the medical bill auditing process.
3. 28 TAC §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
4. Neither party to the dispute submitted any explanation of benefits for CPT code 95913.

### **Issues**

Is the requestor entitled to reimbursement for CPT code 95913?

### **Findings**

1. The requestor is seeking medical fee dispute resolution in the amount of \$71.49 for CPT code 95913 rendered on January 3, 2020.
2. The requestor billed CPT code 95913; however, the respondent changed the code and paid for CPT code 95912.

28 TAC § 133.240(c) states, "The insurance carrier shall not change a billing code on a medical bill or reimburse health care at another billing code's value."

The DWC finds the respondent did not audit or pay for CPT code 95913 in accordance with 28 TAC § 133.240(c).

3. 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."
4. CPT Code 95913 is described as "Nerve conduction studies; 13 or more studies."

CPT coding guidelines for 95913 are:

For the purposes of coding, a single conduction study is defined as a sensory conduction test, a motor conduction test with or without an F wave test, or an H-reflex test. Each type of study (sensory, motor with or without F wave, H-reflex) for each nerve includes all orthodromic and antidromic impulses associated with that nerve and constitutes a distinct study when determining the number of studies in each grouping (eg, 1-2 or 3-4 nerve conduction studies). Each type of nerve conduction study is counted only once when multiple sites on the same nerve are stimulated or recorded. The numbers of these separate tests should be added to determine which code to use.

The submitted report supports billed service; therefore, reimbursement is recommended.

Per 28 TAC §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual

percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

The 2020 DWC conversion factor for this service is 58.31.

The Medicare Conversion Factor is 35.9996

Review of Box 32 on the CMS-1500 the services were rendered in Dallas, Texas.

The Medicare participating amount for code 95913 in Dallas, Texas is \$314.36.

Using the above formula, the MAR is \$525.42. The respondent paid \$453.93. The DWC finds the requestor is due \$71.49.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$71.49

**ORDER**

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$71.49, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

**Authorized Signature**

_____	_____	06/15/2020
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.**