



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

DONALD M. MCPHAUL, MD

Respondent Name

ZURICH AMERICAN INSURANCE CO

MFDR Tracking Number

M4-21-0592-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

NOVEMBER 30, 2020

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: \$311.43

RESPONDENT'S POSITION SUMMARY

"...both HCPCS codes A4556 and A4215, are not supported by the submitted documentation as separately billable in conjunction with CPT codes 95911 and 95886."

Response Submitted By: Optum

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 8, 2020	CPT Code 99204-25 New Patient Office Visit	\$279.53	\$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		\$311.43	\$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 §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The respondent reduced / denied reimbursement for the disputed services based upon the following claim adjustment reason codes:
 - B12-Services not documented in patients' medical records.
 - B16-Claim/service denied/reduced because "new patient" qualifications were not met.
 - 97-Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - 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.
 - 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.
 - 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.
 - P12-Workers' compensation jurisdictional fee schedule adjustment.
 - 5605-This reconsideration reflects the reversal of a previously denied/reduced charge.

Issues

Is the requestor entitled to reimbursement for the disputed services rendered on September 8, 2020?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$311.43 for CPT codes 99204-25, A4556 and A4215 rendered on September 8, 2020.
2. The respondent originally denied reimbursement CPT code 99204-25. Upon receipt of this request for medical fee dispute resolution, the respondent did not maintain the denial and issued payment of \$279.53. The DWC finds code 99204-25 was paid in full and will not be considered further in this decision.
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. 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."

Per Medicare physicians' fee schedule, HCPCS 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.

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

The respondent denied reimbursement for HCPCS code A4215 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.”

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

For the reasons stated above, the DWC finds that the requestor has not established that 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 DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	<u>12/30/2020</u>
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.