



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

JAMES DANA WEISS, MD

Respondent Name

AIU INSURANCE COMPANY

MFDR Tracking Number

M4-23-0174-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 21, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 21, 2021	99205-25	\$402.22	\$402.22
	Total	\$402.22	\$402.22

Requestor's Position

PLEASE NOTE THAT THE CONSULT PORTION OF THE EVALUATION WAS REQUIRED BY THE NATURE OF THE EVALUATION. THE PATIENT WAS REFERRED FOR A NERVE CONDUCTION STUDY. THE DOCTOR HAD TO PERFORM THE CONSULT TO VERIFY THAT THE PATIENT WAS A CANDIDATE FOR THE EMG/NCVSTUDY. THIS IS WHY A COMPREHENSIVE MEDICAL HISTORY, COMPREHENSIVE EXAMINATION (ROM) ETC., AND MODERATE COMPLEXITY DECISION MAKING ARE INCLUDED IN THE REPORT. BECAUSE, THOSE COMPONENTS ARE NOT REQUIRED FOR THE STUDY, THIS IS WHY MODIFIER 25 IS ADDED TO THE CONSULT.

Amount in Dispute: \$402.22

Respondent's Position

The Austin carrier representative for AIU Insurance Company is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on October 4, 2022. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

Findings and Decision

Authority

This medical fee dispute is decided in accordance with Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §133.240 sets out the requirements for submission of a medical bill.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 5721 – TO AVOID DUPLICATE BILL, DENIAL FOR ALL RECONSIDERATIONS/ ADJUSTMENTS/ ADDITIONAL PAYMET REQUESTS SENT A COPY OF THIS EOR.
- 90168 & 150 – PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.
- P12 – WORKERS COMPENSATION JURISDICTIAONL FEE SCHEDULE ADJUSTMENT.
- 5352 – CV: SERVICES REDUCED/DENIED AS LEVEL OF E&M CODE SUBMITTED IS NOT SUPPORTED BY DOCUMENTATION.

Issues

1. What is the description of the disputed service?
2. Does the documentation support the billing of CPT 99205-25?
3. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes 99205-25 rendered on September 21, 2021. The insurance denied the disputed service with denial reduction codes indicated above.

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."

- CPT Code 99205 is described as "Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, **60-74** minutes of total time is spent on the date of the encounter."
- CPT Code 95886 is described as "Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure.)"

- CPT Code 95911 is described as “Nerve conduction studies; 9-10 studies.”

The DWC completed NCCI edits to identify potential editing conflicts that may affect reimbursement. The following CPT codes were billed on the disputed date of service, September 21, 2021.

- 95866 - Per Compliance Editor, this charge line did not trigger edits and is considered clean.
- 95911- Per Compliance Editor, this charge line did not trigger edits and is considered clean.
- 99205-Per Compliance Editor, this charge line did not trigger edits and is considered clean.

The DWC finds that the CPT codes rendered on September 21, 2021 do not contain NCCI edit conflicts that may affect reimbursement.

The insurance carrier did not respond to the DWC060 request; therefore, a decision is based on the information available at the time of review. A review of the submitted documentation supports the billing of CPT 99205; therefore, the requestor is entitled to reimbursement for the service in dispute.

2. 28 TAC §134.203 states in pertinent part, “(c) 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...”

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

- The 2021 DWC Conversion Factor is 61.17
 - The 2021 Medicare Conversion Factor is 34.8931
 - Per the medical bills, the services were provided in zip code 77042; therefore, the Medicare locality is “Houston.”
 - The Medicare Participating amount for CPT code 99205 at this locality is \$229.84.
 - Using the above formula, the DWC finds the MAR is \$402.93.
 - The respondent paid \$0.00.
 - The requestor seeks \$402.22.
 - The requestor is therefore entitled to reimbursement in the amount of \$402.22.
3. The DWC finds that the requestor has established that reimbursement is due for CPT code 99205 rendered on September 21, 2021. The requestor is therefore due reimbursement in the amount of \$402.22.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

The DWC finds the requester has established that reimbursement of \$402.22 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor has established that reimbursement for the disputed services is due. It is ordered that the Respondent must remit to the Requestor \$402.22 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		April 3, 2023
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 under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electronico CompConnection@tdi.texas.gov.