



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

FERRAL L. ENDSLEY

Respondent Name

INDEMNTIY INSURANCE COMPANY

MFDR Tracking Number

M4-23-0620-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

November 9, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 24, 2022	95909	\$251.00	\$245.14
Total		\$251.00	\$245.14

Requestor's Position

"The denial was that the NCS has not 'been proven to be effective.' Centers for Medicare/Medicaid believes otherwise. This was a nerve conduction study to assess nerve damage caused by the patient's original injury. His complaints of pain and numbing sensation of his left upper extremity warranted this study. The medical necessity was already furnished in the original dictation that was sent with the original bill. I have attached that documentation as well as the Medicare CMS guidelines."

Amount in Dispute: \$251.00

Respondent's Position

"Our supplemental response for the above referenced medical fee dispute resolution is as follows: the bills in question were escalated and a review completed. Our bill audit company has determined no further payment is due. The rationale for this determination is found below."

Response Submitted by: Gallagher Bassett

Findings and Decision

Authority

This medical fee dispute is decided according to 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.

Denial Reasons

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

- 90223 & P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 90403 & 112 – Payment adjusted as not furnished directly to the patient and/or not documented.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 5346 – CV-Documented procedure does not appear to match the code description of the CPT code listed.
- 90563 & 193 – Original payment decision is being maintained upon review it was determined that this claim was processed properly.
- 5283 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies.

Issues

1. Is the Insurance Carrier's denial reason(s) supported?
2. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Code 95909 rendered on January 24, 2022. The insurance carrier denied the service in dispute, "Documented procedure does not appear to match the code description of the CPT code listed."

28 TAC §134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

The requestor billed the following CPT Codes on January 24, 2022.

CPT 95909 is described as, "Nerve conduction studies; 5-6 studies."

CPT 99213-25 is described as, "Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter."

CPT 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)."

Review of the documentation titled "Electrodiagnostic Results", supports the billing of CPT Code 95909. As a result, the requestor is entitled to reimbursement for CPT 95909.

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 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the services were rendered in zip code 79601; therefore, the Medicare locality is "Rest of Texas."
- The Medicare Participating amount for CPT 95909 at this locality is \$135.82.
- Using the above formula, the DWC finds the MAR is \$245.14.
- The respondent paid \$0.00.
- Reimbursement of \$245.14 is recommended.

The DWC finds that the requestor is entitled to reimbursement in the amount of \$245.14.

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 \$245.14 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requestor \$245.14 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 27, 2023
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 electrónico CompConnection@tdi.texas.gov.