



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John Hopkins, DC, PHD

Respondent Name

LM Insurance Corp

MFDR Tracking Number

M4-23-2695-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

June 22, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 8, 2022	95913	\$550.00	\$0.00
August 8, 2022	95886	\$350.00	\$0.00
Total		\$900.00	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR but they did submit a copy of their reconsideration that states in part, "We have dealt with Liberty mutual for 30 years with no problem. Never happed this way. We have 14 nerves for NCV (95913) and 2 lower extremities for EMG (95886) according to the TDI/DWC schedule fee."

Supplement response dated July 11, 2023.

"Per our conversation, attached is modify code change even we did bilaterally, attached is bill for one body parts. NCV cod 95911-unit 1 = 9-10 nerve tested one lower extremity EMG code 95885 Unit 1 = one lower extremity. It has been almost one year, still no payments. This is the violation of commission rule."

Amount in Dispute: \$900.00

Respondent's Position

"The bill image has 14 units billed for CPT 95913. Per CPT code lay description 'Each type of study is reported only once regardless of the number of times performed on the same nerve in different areas', '95913 is for 13 or more nerves.' The provider should have not be billing 95913 x 14 units. For the provider to be paid for CPT 95913 at 1 unit the provider has to performed NCS to the authorized right leg and unauthorized left leg. The carrier cannot change the billed CPT code to correct code to allow payment for the authorized right leg service. The bill image has CPT 95886 for two units. CPT 95886 is paid for limb. The provider should have only billed one unit per the UR determination for the right foot. CPT code 95886 is denied as 95913 is denied, per CPT code rules for add-on codes."

Response submitted by: LM Insurance Corp

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out billing and coding requirements of professional medical services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 589 – The documentation received does not support the level of service billed. Please adjust the level of service billed or provide additional documentation to support the service billed.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 5932 – The maximum allowable number of services has been exceeded.
- 5832 – Documentation to substantiate this charge was not submitted or is insufficient to accurately review this charge.
- 292 – This procedure code is only reimbursable when billed with the appropriate initial base code.

Issues

1. How was the original medical bill submitted and adjudicated?
2. Is the corrected claim eligible for MFDR?

Findings

1. The requestor is seeking reimbursement for professional medical services rendered on August 8, 2022. Review of the submitted medical bill found the following.
 - 95913 – Nerve conduction studies, 13 or more studies. Three types of nerve conduction studies are represented by these codes: sensory conduction, motor conduction (with or without an F wave test), or an H-reflex test. Electrodes are placed directly over the nerve, in sensory conduction testing, or over the motor point of a specific muscle in motor conduction testing. Electrical stimulation is applied. The latency, amplitude, and conduction velocity of the stimulation are measured. Adjustments to any of the testing elements (stimulus site, recording site, ground site, filtered settings) are made to minimize unintended stimulation of adjacent nerves. A report is generated on site that interprets the numerous test results at each site tested. Each type of study is reported only once regardless of the number of times performed on the same nerve in different areas. The requestor billed (14) units.
 - 95886 – 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. The requestor billed (2) units.

The insurance carrier decided the charges in the following manner:

- August 26, 2022 explanation of benefits, zero amount paid.
 - 5832 - Documentation does not substantiate this charge was not submitted or is insufficient to accurately review this charge.
 - 292 - This procedure code is only reimbursed when billed with the appropriate initial base code.
 - 5932 - The maximum allowable number of services has been exceeded.
- December 13, 2022 explanation of benefits, zero amount paid.
 - 589 - The documentation received does not support the level of service billed. Please adjust the level of service billed or provide additional documentation to support the service billed.
 - 292 - This procedure code is only reimbursable when billed with the appropriate initial base code.
 - 5932 - The maximum allowable number of services has been exceeded.
- February 23, 2023 explanation of benefits, zero amount paid.

- 589 - The documentation received does not support the level of service billed. Please adjust the level of service billed or provide additional documentation to support the service billed.
- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

DWC Rule 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 for in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

Review of the submitted report does not support the billing of fourteen units for CPT code 95913. As a result, reimbursement is not recommended.

Code 95886 is an "Add-On" code. As such, this code is only paid when the appropriate base code is paid. No reimbursement is recommended.

2. The requestor submitted a corrected claim via a fax dated July 11, 2023 for codes 95911 (1) unit and 95885 (1) unit.

These codes were not in dispute and will not be considered in this review.

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.

DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

		September 11, 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 electrónico CompConnection@tdi.texas.gov.