TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Ahmed Khalifa, M.D.

Respondent Name
Ohio Security Insurance Co.

MFDR Tracking Number
M4-23-3044-01

Carrier's Austin Representative
Box Number 1

DWC Date Received
August 2, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
2/14/2023	99205	$433.11	$0.00
2/14/2023	95886	$0.00	$0.00
2/14/2023	95911	$0.00	$0.00
	Total	$433.11	$0.00

Requestor's Position

"Please note that an office consultation/examination was performed and documented… Additionally, as you can see from the attached report an examination was performed and documented as a Detailed Examination component and billed as 99202… Per the attached documentation all components have been met for CPT Code 99202… We have attached the CMS documentation for Evaluation and Management Services that will show that all components are met in our documentation for CPT Code 99202."
Amount in Dispute: $433.11

Respondent's Position

"The carrier denied service code 99205-25 with message 5845 on 04/06/23, 5845: no significant identifiable evaluation and management service has been documented… Level of service billed for 99205 is not supported. CPT 95911 is XXX procedure according to CMS regarding follow up days. 'XXX' procedures are performed by physicians and have inherent pre-procedure, intra-procedure, and post-procedure work usually performed each time the procedure is completed, This work shall not be reported as a separate E&M code, The provider may bill modifier 25 for

the office visit to receive payment of the evaluation if the documentation of the visit is substantiated and the relevant criteria for the respective E/M service is met. The carrier does not find that the modifier 25 is supported. Modifier 25 requires significant, separate, above, beyond the usual pre, intra, post procedure service. The report does not support any service that is significant, separate, above, beyond the usual pre, intra, post procedure service. All service performed in the evaluation is inherent to the EMG NCS."
Response Submitted by: Liberty Mutual

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.
3. 28 TAC §133.210 sets out medical documentation requirements for reimbursement of medical services.

Denial Reasons

The insurance carrier denied payment for the disputed service with the following claim adjustment codes:

- 5845 – No significant identifiable evaluation and management service has been documented.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.

Issues

1. What services will be reviewed in this dispute?
2. What rules apply to the disputed services?
3. Is the requestor entitled to reimbursement for CPT Code 99205?

Findings

1. DWC finds that CPT Codes 95886 and 95911, which were included on the DWC60 form and were on the same medical bill with disputed service code 99205-25, have been previously reimbursed by the insurance carrier. CPT Codes 95886 and 95911are not in dispute. Therefore, only 99205-25 will be addressed and adjudicated.

2. The DWC finds that 28 TAC §133.210(c)(1) applies to reimbursement of CPT code 99205.

28 Texas Administrative Code(TAC) §133.210(c)(1) sets out medical documentation requirements, stating in pertinent part "In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation: the two highest Evaluation and Management office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes…"

The DWC finds that 28 TAC §134.203(b)(1) applies to billing and reimbursement of CPT code 99205.

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."

3. The requestor is seeking reimbursement in the amount of $433.11 for CPT Code 99205-25 rendered on February 14, 2023.

- CPT Code 99205 is defined 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."
- The American Medical Association (AMA) CPT Code and Guideline Changes, effective January 1, 2021, can be found at: https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf. In summary, CPT 99205 documentation must contain two out of three of the following elements: 1) high level of number and complexity of problems addressed 2) extensive level of amount and/or complexity of data to be reviewed and analyzed 3) high risk of morbidity/mortality of patient management OR must document 60-74 minutes of total time spent on the date of patient encounter.
- An interactive Evaluation and Management (E&M) scoresheet tool is available at: https://www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet

  A review of submitted medical documentation finds that a high level of MDM was not met in the elements of 1) number and complexity of problems addressed 2) extensive level of data to be reviewed and analyzed nor 3) high risk of morbidity/mortality of patient management. Submitted medical record shows no documentation of time spent on date of disputed service.
- Per CMS article, found at:

  Article - Billing and Coding: Nerve Conduction Studies and Electromyography (A57478) (cms.gov),

  "I. Coding Guidelines A.) Evaluation/Management (E/M) 1) Usually an E&M service is included in the exam performed just prior to and during nerve conduction studies

and/or electromyography. If the E&M service is a separate and identifiable service, the medical record must document medical necessity and the CPT code must be billed with a modifier 25."

- See Modifier 25 fact sheet (novitas-solutions.com) for appropriate and inappropriate use of modifier 25 when billing for E&M service codes. In summary, appending modifier 25 to new patient E&M service codes is an inappropriate use of modifier 25.

Review of submitted medical documentation does not support the charge for a distinctly separate office visit. Therefore, the DWC finds that the requester is not entitled to reimbursement for CPT code 99205-25 rendered on February 14, 2023.

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 not established that reimbursement is due.

ORDER

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

Authorized Signature

		September 6, 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.