



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Joel Joselevitz, M.D.

Respondent Name

LM Insurance Corp.

MFDR Tracking Number

M4-24-1344-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

February 16, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
November 9, 2023	99205	\$433.11	\$0.00
November 9, 2023	95886	\$0.00	\$0.00
November 9, 2023	95912	\$0.00	\$0.00
Total		\$433.11	\$0.00

Requestor's Position

"Please note that an office consultation/examination was performed and documented separately on this date of service and billed accordingly with the appropriate modifier... as you can see from the attached report an examination was performed and documented as a Detailed Examination component and billed as 99202... all components have been met for CPT Code 99202..."

Amount in Dispute: \$433.11

Respondent's Position

"The carrier issued payment to Dr. Joel Joselevitz on 12/11/23 in the amount of \$1,331.11 for 95886 and 95913. The carrier denied 99205-25 with message 5845. 5845: NO SIGNIFICANT IDENTIFIABLE EVALUATION AND MANAGEMENT SERVICE MAS BEEN DOCUMENTED. The provider Dr. Joel Joselevitz requested reconsideration for payment of 99205 on 01/03/24 advising that incorrect reduction was applied stating that the amount due is \$433.11 (99205). The carrier-maintained denial of 99205 on 01/22/24 with 5845, NO SIGNIFICANT IDENTIFIABLE EVALUATION

AND MANAGEMENT SERVICE HAS BEEN DOCUMENTED.”

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 the 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.

Issues

1. What service(s) are in dispute?
2. What rules apply to the disputed service?
3. Is the requestor entitled to reimbursement for CPT Code 99205?

Findings

1. CPT Codes 95886 and 95912 are recorded by the requestor on the Request for Medical Fee Dispute Resolution, DWC60 form, along with the disputed CPT code 99205-25. A review of the medical bills submitted finds that the CPT codes billed on the disputed date of service were 95886, 95913 and 99205-25. Per the explanation of benefits (EOB) documents submitted, CPT codes 95886 and 95913 have been reimbursed the full charges by the respondent and are not in dispute.

DWC finds the only service in dispute is CPT code 99205-25. Therefore, only 99205-25 will be addressed and adjudicated.

2. The dispute concerns an evaluation and management service (E/M) billed under CPT code 99205-25.

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 bill with a modifier 25.”

- DWC applies Medicare’s coding and billing policies in accordance with 28 TAC §134.203 as indicated above. Per Medicare Fee Schedule, CPT code 95913 has a global period of XXX.

According to National Correct Coding Initiative Policy Manual for Medicare Services, revised 5/1/2022, “... Many of these ‘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... With most ‘XXX’ procedures, the physician may, however, perform a significant and separately identifiable E&M service on the same date of service which may be reported by appending modifier 25 to the E&M code. This E&M service may be related to the same diagnosis necessitating performance of the ‘XXX’ procedure but cannot include any work inherent in the ‘XXX’ procedure, supervision of others performing the ‘XXX’ procedure, or time for interpreting the result of the ‘XXX’ procedure...”

A review of the submitted medical documentation finds that disputed CPT code 99205-25 rendered on November 9, 2023, was inherent to the performance of CPT code 95913 billed on the same date. The requestor did not document a distinct and separately identifiable office visit. For these reasons, DWC finds that the requestor is not entitled to reimbursement for CPT code 99205-25 rendered on November 9, 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.

DWC finds the requestor has not established that reimbursement is due for the disputed service.

ORDER

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 20, 2024
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.