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
The Rehabilitation Group

Respondent Name
LM Insurance Corp.

MFDR Tracking Number
M4-25-0461-01

Carrier's Austin Representative
Box Number 60

DWC Date Received
October 25, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
February 21, 2024	99202	$165.00	$0.00
February 21, 2024	95912	$1,239.00	$0.00
February 21, 2024	95886	$400.00	$0.00
February 21, 2024	96160	$15.00	$0.00
	Total	$1,819.00	$0.00

Requestor's Position

"We submitted the medical bill to Liberty Mutual for payment and it was denied for code 5845 (99202), No significant identifiable evaluation and management service has been documented. And code 58329 (95912) Documentation to substantiate this charge was not submitted or is insufficient to accurately review this charge. Code 292 (95886) This procedure code is only reimbursed when billed with the appropriate initial base code, which in this case is the 95912. The denied claim was appealed twice, and the response was original payment decision is being maintained. On pages 3-4 of the Electrodiagnostic Consultation report the 12 nerves that were tested are listed in order. Included in the Reconsideration was a letter from the AANEW with Appendix J. that clearly states the how the nerves should be considered."

Amount in Dispute: $1,819.00

Respondent's Position

"There was nothing separate, distinct, above and beyond in the visit to warrant payment of the visit. The billing of modifier 25 is not supported in the evaluation note received from the provider. As noted by … 'reason for visit EMG testing', there was no plan of care by … for services outside the reason of the visit. No payment is due for 99202… CPT code 95912 is Nerve conduction studies; 11-12 studies… provider billed incorrect CPT code 95912, should have billed 95911, Nerve conduction studies; 9-10 studies… No payment due for 95912… Documentation to substantiate this charge was not submitted or is insufficient to accurately review this charge… CPT 95886 is Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction… Since the Carrier denied 95912 the Carrier cannot allow payment of 95886 since code 95886 is an add-on procedure… CPT 96160 is the administration of patient-focused health risk assessment instrument… The Carrier denial of 99202 caused denial message of 292 for this CPT code. Currently the Carrier finds no payment is due."

Response Submitted by: Liberty Mutual Insurance

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 services with the following claim adjustment codes:

- 5845 - NO SIGNIFICANT IDENTIFIABLE EVALUATION AND MANAGEMENT SERVICE HAS BEEN DOCUMENTED (5845).
- 5832 – DOCUMENTATION TO SUBSTANTIATE THIS CHARGE WAS NOT SUBMITTED OR IS INSUFFICIENT TO ACCURATELY REVIEW.
- 292- THIS PROCEDURE CODE IS ONLY REIMBURSED WHEN BILLED WITH THE APPROPRIATE INITIAL BASE CODE.
- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

- X598 - CLAIM HAS BEEN RE-EVALUATED BASED ON ADDITIONAL DOCUMENTATION SUBMITTED, NO ADDITIONAL PAYMENT DUE.

Issues

1. What rules apply to the disputed service?
2. Is the requestor entitled to reimbursement for CPT Code 99202 and 96160?
3. Is the requestor entitled to reimbursement for CPT Code 95912 and 95886?

Findings

1. The dispute concerns an evaluation and management service (E/M) billed under CPT code 99202-25 and 96160 billed on the same date of service with a nerve conduction study (NCV) and electromyography (EMG) service billed under CPT code 95912 and 95886 respectively. All the services in dispute were rendered on February 21, 2024.

   DWC finds that 28 TAC §134.203(b)(1) applies to the billing and reimbursement of the procedure codes in dispute. 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."

2. The requestor is seeking reimbursement in the amount of $165.00 for CPT Code 99202 and in the amount of $15.00 for CPT code 96160, both rendered on February 21, 2024.

   - CPT Code 99202 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 straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter."

   - Per the medical bill submitted, the requestor appended CPT code 99202 with modifier "25" indicating that the E/M service billed was a separately identifiable 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."

   - DWC applies Medicare's coding and billing policies in accordance with 28 TAC §134.203 as indicated above. Per Medicare Fee Schedule, CPT code 95912, which was billed on the same date of service as CPT 99202, 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 99202-25 rendered on February 21, 2024, was inherent to the performance of CPT code 95912 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 99202-25 rendered on February 21, 2024.

On the disputed date of service, the requestor also billed CPT code 96160, defined as "Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument." This health risk assessment procedure code is billable only with an appropriate primary procedure code. Because the insurance carrier's denial of the primary procedure code 99202-25 is supported, reimbursement for disputed CPT code 96160 cannot be recommended. Therefore, DWC finds that the requestor is not entitled to reimbursement for CPT code 96160 rendered on February 21, 2024.

3. The requestor is seeking reimbursement in the amount of $1,239.00 for CPT code 95912 and in the amount of $400.00 for CPT code 95886, both rendered on February 21, 2024.

- CPT code 95912 is defined as "nerve conduction test, 11 to 12 studies."
- DWC applies Medicare's coding and billing policies in accordance with 28 TAC §134.203 as indicated above.
- According to Billing and Coding: Nerve Conduction Studies and Electromyography, CMS Article ID: A54992, section B. Nerve Conduction Studies… "5. Codes 95907-95913 describe one or more nerve conduction studies. A single conduction test is defined as a sensory conduction test, a motor conduction test with or without an F wave test, or an H-reflex test. Each type of study (sensory, motor with or without F wave, H-reflex) for each anatomically distinct and separately named nerve is counted as a distinct study when determining the number of studies billed. Each type of study is counted only once when multiple sites on the same nerve are stimulated and recorded. The number of tests (sensory, motor with or without F wave, H-reflex) per nerve are added to determine the code to be billed."

A review of the submitted medical documentation finds that the number of studies documented does not support the billing of CPT code 95912 as defined, "11 to 12 studies." Therefore, DWC finds that the requestor is not entitled to reimbursement for CPT code 95912.

- CPT code 95886 is defined 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)". Procedure code 95886 is an add on code to nerve conduction procedure codes and is only billable with an appropriate primary procedure code for nerve conduction studies.

Because the insurance carrier's denial of CPT code 95912 is supported, reimbursement for the add on CPT code 95886 cannot be recommended. Therefore, DWC finds that the requestor is not entitled to reimbursement for CPT code 95886.

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 services.

ORDER

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

Authorized Signature

		January 9, 2025
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, 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.