



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

Ranil R. Ninala, MD

**Respondent Name**

United Fire & Casualty Co

**MFDR Tracking Number**

M4-25-0790-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

December 6, 2024

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 11, 2023	99205-25	\$425.82	\$0.00

### Requestor's Position

"The examinee was referred by the Designated Doctor for a consultation and an EMG/NCV. These services were both performed on 12-11-2023 and documented as two separate services by the provider. Dr. Ninala provided treatment recommendations based on review of medical records and based on the diagnostic testing performed. This is a separate service and not part of EMG/NCV testing. Additionally, the consultation was requested by the Designated Doctor and thus performed as such. The provider's narrative report notes a separate consultation report and an EMG/NCV testing report. These are independent of one another and should be paid as such."

**Amount in Dispute:** \$425.82

### Respondents' Position

"Regardless, a Designated Doctor referring the Injured Worker (IW) for testing does not automatically constitute billing for an E/M visit. It is inherent that the referral physician will provide the results of the tests and recommendation thereof; that does not, however, constitute the need for an E/M charge. It is inherent that there will be some sort of conversation with the examinee prior to these services being rendered; however, that does not constitute the requirement of a E/M visit to be billed and reimbursed -particularly such a high-level E/M visit of 99205."

**Response Submitted by:** CorVel Healthcare Corporation

## 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:

- 03P - Included in another billed procedure
- W3 - Appeal/ Reconsideration
- 25 - Separate E&M Service, Same Physician
- P13 - Payment reduced/denied based on state WC regs/policies
- Note: Procedural services involve some degree of physician involvement or supervision which is integral to the service. Separate E/M services are not reported unless a significant, separately identifiable service is provided. Modifier 25 is not supported.

### **Issues**

1. What rules apply to the disputed services?
2. Is the requester entitled to reimbursement for CPT Code 99205-25?

### **Findings**

1. The requestor seeks reimbursement for an evaluation and management services provided to the injured employee on December 11, 2023. The insurance carrier denied the disputed service with denial reduction codes indicated above. A review of the submitted documentation finds that 28 TAC §133.210(c)(1) applies to the documentation requirements of CPT code 99205, and [28 TAC §134.203](#) applies to billing and reimbursement of CPT code 99205.

28 Texas Administrative Code (TAC) §133.210(c)(1) sets out medical documentation requirements, stating in pertinent part "...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..."

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 requester is seeking reimbursement in the amount of \$425.82 for CPT Code 99205 rendered on December 11, 2023. The requestor, on the same date of service provided EMG/NCV charges. The DWC finds the following:

- 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."
- Modifier 25 is defined as a significant, separately identifiable evaluation and management (E/M) service by the same physician or other qualified health care professional on the same day of a procedure or other service.
- 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 all 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 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) high risk of morbidity/mortality of patient management. For these reasons, medical documentation submitted did not meet AMA criteria for reimbursement of CPT code 99205.
- 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 the new patient E/M service is not supported.

The DWC finds that for the reasons indicated above, the requestor is not entitled to reimbursement for the office visit, billed under CPT code 99205 provided on December 11, 2023.

### **Conclusion**

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

The Division finds the requester has not established that reimbursement is due.

### **ORDER**

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

### **Authorized Signature**

_____	_____	January 28, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).