



**TEXAS DEPARTMENT OF INSURANCE**

**Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)**

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**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**GENERAL INFORMATION**

**Requestor Name**

MEDICAL EVALUATORS OF TEXAS  
GEORGE W. WHARTON, MD

**Respondent Name**

CAROLINA CASUALTY INSURANCE CO

**MFDR Tracking Number**

M4-20-1755-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

MARCH 17, 2020

**REQUESTOR'S POSITION SUMMARY**

"The injured worker was evaluated by designated doctor...referred the injured worker for an orthopedic consultation to aid in her determinations as designated doctor...The claim was billed in accordance with TAC Rules and at a reasonable and customary fee for the area in which the consultation took place. MET requests payment for this claim in the full amount of \$605.00."

**Amount in Dispute:** \$605.00

**RESPONDENT'S POSITION SUMMARY**

"As of March 13, 2016, Medicare no longer pays for CPT consultation codes ranging from 99241 through 99245 as well as 99251 through 99255. The provider should have billed the services under CPT code 99204...The provider is not entitled to any reimbursement so long as the provider continues to bill under CPT code 99244 but is entitled to reimbursement under CPT code 99204."

**Response Submitted By:** Flahive, Ogden & Latson

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 19, 2019	CPT Code 99244 Consultation	\$605.00	\$0.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### **Background**

1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The respondent reduced / denied reimbursement for the disputed services based upon the following claim adjustment reason codes:
  - 96-Non-covered charge(s).
  - 4-The procedure code is inconsistent with the modifier used or a required modifier is missing.
  - W3-Reporting purposes only.
  - 193-Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

### **Issues**

Is the requestor entitled to reimbursement for the disputed services rendered on September 19, 2019?

### **Findings**

1. The requestor is seeking medical fee dispute resolution in the amount of \$605.00 for CPT code 99244 rendered on September 19, 2019.
2. CPT code 99244 is described as "Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family."
3. The respondent denied reimbursement for CPT code 99244 based upon "4-The procedure code is inconsistent with the modifier used or a required modifier is missing."
4. The fee guidelines for disputed services are found in 28 TAC §134.203.

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 forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."
5. Medicare Learning Network (MLN) Revision to Consultation Services Payment Policy-JA6740, effective January 1, 2010, states "Change Request (CR 6740 alerts providers that effective January 1, 2010, the Current Procedural Terminology (CPT) consultation codes (ranges 99241-99245 and 99251-99255) are no longer recognized for Medicare Part B payment. CR6740 removes all references (both text and code numbers) in the *Medicare Claims Processing Manual*, Chapter 12, Section 30.6 that pertain to the use of the American Medical Association (AMA) CPT consultation codes (ranges 99241-99245 and 99251-99255). Providers should code a patient E/M visit with E/M codes that represent **WHERE** the visit occurs and that identify the **COMPLEXITY** of the visit performed."
6. The DWC finds per MLN-JA6740 the respondent's denial of payment for CPT code 99244 is supported.

**Conclusion**

For the reasons stated above, the DWC finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

		05/21/2020
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 in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**