



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Dr. Gary Richard Williams

Respondent Name

Arch Insurance Co

MFDR Tracking Number

M4-21-2354-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 18, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 24, 2021	99205	\$393.12	\$393.12
Total		\$393.12	\$393.12

Requestor's Position

The time in and out is listed on the report for billing purposes. Due to new changes with the AMA guide for billing consults in the AMA CPT 2021 Book. A Doctor can bill a consult based on time...

Amount in Dispute: \$393.12

Respondent's Position

The provider is not entitled to any reimbursement based upon the lack of documentation that was filed with the medical bill. Specifically, the information submitted does not support the level of service billed.

Response Submitted by: Flahive, Ogden & Latson

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guidelines for professional services.

Denial Reasons

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

- 193 – Original payment decision is being maintained
- 29 – The time limit for filing has expired
- 150 – Payment adjusted because the payer deems the information submitted does not support this level of service

Issues

1. Is the insurance carrier's denial based supported?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor is seeking reimbursement of professional services rendered in March 2021. The insurance carrier denied the original claim based on level of service not supported.

The requestor states in their position statement that "a doctor can bill a consult based on time."

DWC Rule 28 TAC §134.203 (b) states in pertinent part for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply 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.

The Centers for Medicare and Medicaid services (CMS) MedLearn Matters article MM12071 implemented on January 4, 2021 states, *"For levels 2 through 5 office/outpatient E/M visits, selection of the code level to report will be based on either the level of medical decision making (as redefined in the new AMA/CPT guidance framework), or the total time personally spent by the reporting practitioner on the day of the visit (including time with and without direct patient contact)."*

Review of the submitted medical record dated March 24, 2021, reports time In/Out 12:00pm – 1:00 pm. The total time requirement of the disputed code 99205 is 60 – 74 minutes. Based on the applicable Medicare payment policy for coding based on time, the insurance carrier’s denial is not supported. The service in dispute will be reviewed per applicable fee guideline.

2. DWC Rule 28 TAC §134.203 (c) (1) states in pertinent part for evaluation and management services performed in an office setting the established conversion factor to be applies is (annual conversion factor. The Maximum Allowable Reimbursement (MAR) is calculated as (DWC conversion factor / Medicare conversion factor) multiplied by non-facility amount or $61.17/34.8931 \times \$229.84 = \402.93 . The requestor is seeking \$393.12. This amount is recommended.

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 requester has established that additional reimbursement of \$393.12 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Arch Insurance Co must remit to Dr. Gary Williams \$393.12 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 17, 2021

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.