



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Donald Martin McPhaul

**Respondent Name**

Employers Assurance Co

**MFDR Tracking Number**

M4-21-2443-01

**Carrier's Austin Representative**

Box Number 4

**DWC Date Received**

August 26, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 2, 2021	99204 -25	\$285.93	\$0.00
<b>Total</b>		\$285.93	\$0.00

### Requestor's Position

The attached claim for work comp treatment and services has been reduced/cut inappropriately based on the MAR for the CPT Codes billed according to DWC rule 133 and 134.

**Amount in Dispute:** \$285.93

### Respondent's Position

The Austin carrier representative for Employers Assurance Co is Law Office of Ricky D Green. The representative was notified of this medical fee dispute on August 31, 2021.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## 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 billing requirements of professional medical claims.

### Denial Reasons

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

- 16 – Claim/service lacks information or has submission/billing errors which is needed for adjudication
- 56 – Significant, separately identifiable E/M service rendered
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- T13 – Medical necessity denial
- 5211 – Nurse audit has resulted in an adjusted reimbursement
- 5213 – Services are not payable as documentation does not support the services rendered

### Issues

1. Is the insurance carrier's denial based on documentation supported?

### Findings

1. The requestor is seeking reimbursement of professional medical code 99204 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. The requestor added the 25 modifier which is defined as, "Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service."

Review of the submitted medical record found the number and complexity of problems addressed were low. The amount and/or complexity of data to be reviewed and analyzed was also low. Risk of complications and/or morbidity or mortality was minimal. Based on these findings the medical decision making was "low" the requirements of the disputed code are not met. The insurance carrier's denial is supported. No additional payment 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 not established that additional reimbursement is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

## **Authorized Signature**

_____	_____	October 22, 2021
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).