

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

James Mitchell

Respondent Name

OLD REPUBLIC INSURANCE CO

MFDR Tracking Number

M4-22-0381-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

October 26, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 12, 2021	Code 99204	\$298.41	\$0.00
May 12, 2021	Code 99080-73	\$0.00	\$0.00
June 9, 2021	Code 99213	\$0.00	\$0.00
June 9, 2021	Code 99080-73	\$15.00	\$0.00
Total		\$313.41	\$0.00

Requestor's Position

"All necessary and supporting documentation is included with this reconsideration to properly justify/support the administered treatment still needing to be paid. Therefore, this claim should be PAID IN FULL to prevent IRO (Independent Review Organization) and MFDR (Medical fee Dispute Resolution)."

Amount in Dispute: \$313.41

Respondent's Position

"Regarding 99204. Documentation does not support the level billed. Provider must document all three of the following: Comprehensive history, comprehensive exam, and moderate complexity decision making. Only the Medical Decision Making is met. Documentation is better described as a 99203 however since the juris is a no down code state, we are unable to recommend an

allowance. If the provider were to resubmit a corrected claim with a 99203 we would recommend allowance for that code.”

Response Submitted by: Gallagher Bassett

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, effective March 1, 2008, sets out the reimbursement guidelines for professional services.

Denial Reasons

The insurance carrier [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- 90168 – Payment adjusted because the payer deems the information submitted does not support this level of service
- 150 – Payment adjusted because the payer deems the information submitted does not support this level of service
- 5352 – CV: Service reduced/denied as level of E&M code submitted is not supported by documentation
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 5283 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, providers contract or car
- 90223 – Workers Compensation Jurisdictional fee schedule adjustment
- P12 – Workers Compensation Jurisdictional Fee Schedule adjustment
- 190 – Billing for report and/or record review exceeds reasonableness
- 90563 – Original payment decision is being maintained. Upon review it was determine that this claim was processed properly

Issues

1. Does the documentation support billing CPT code 99204? Is the requestor due reimbursement?

2. Is the requestor due reimbursement for Code 99080-73?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$298.41 for CPT Code 99204 rendered on May 12, 2021.

The respondent denied reimbursement for CPT Code 99204 based upon the documentation did not support the level of service billed.

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."

CPT Code 99204 is described 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 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 division finds the submitted documentation does not support the service billed as described above. Therefore, no reimbursement is due

2. CPT Code 99080 is in dispute for date of service June 9, 2021. Payment received in the amount of \$15.00. Therefore, no reimbursement is not due.

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

Signature

Medical Fee Dispute Resolution
Officer

December 7, 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.