TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name
JOHN OBIH, MD

Respondent Name
SAFETY NATIONAL CASUALTY CORP

MFDR Tracking Number
M4-22-0424-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
November 1, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 19, 2021	99215-95	$328.74	$0.00
	Total	$328.74	$0.00

Requester's Position

"The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134. The carrier has not responded or denied this claim in its entirety following our filing of Request for Reconsideration. We are providing supporting documentation specifically explaining and outlining our position in accordance with Rule 133 and 134 governing bills/claims submitted in reference to workers compensation treatment and services."

Amount in Dispute: $328.74

Respondent's Position

The Austin carrier representative for Safety National casualty Corp., is Flahive, Ogden & Latson. Flahive, Ogden & Latson was notified of this medical fee dispute on November 9, 2021. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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).

Statues 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 reimbursement guidelines for professional medical services.
3. 28 TAC §133.30 sets out the Telemedicine and Telehealth Services.

Denial Reasons

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

- B13 – Previously Paid. Payment for this claim/service may have been provided in a previous payment.
- 247 – A payment or denial has already been recommended for his service.
- 150 – Payment adjusted because the payer deemed the information submitted does not support his level of service.
- 6256 – After review of the bill and the medical record this service best described by 99214 submitted documentation did not meet at least 2 of the…

Issues

Is the insurance carrier's reduction of payment supported?

Findings

The requestor seeks reimbursement for CPT Code 99215 rendered on August 19, 2021 and appended modifier -95. Modifier -95 is used for services furnished via audio and video telecommunications. The insurance carrier denied the service in dispute with reduction codes 150 and 6256 (description provided above.)

Review of the submitted medical record titled, "Consultation Report" documents that the patient was seen for a follow-up medical consultation. The requestor did not document that the consultation was a telemedicine visit.

Per 28 TAC §133.30 a health care provider may bill and be reimbursed for telemedicine and telehealth services regardless of the geographical area or location of the injured employee. Telehealth and telemedicine services are billed as professional services. Reimbursement for professional services is established by the Medical Fee Guideline for Professional Services, 28 TAC §134.203.

28 TAC §134.203(b)(1) states in part "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."

The DWC finds that the requestor submitted insufficient documentation to support that the services were rendered as billed. As a result, the requestor is not entitled to reimbursement for the service in dispute.

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.

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

Order

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

Authorized Signature

		February 11, 2022
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. 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 512-804-4812.