



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Dr. Louis F. Puig, III

**Respondent Name**

New Hampshire Insurance Co.

**MFDR Tracking Number**

M4-22-0738-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

December 13, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 16, 2021	CPT Code 99203	\$224.74	\$0.00
	CPT Code 99000	\$20.00	\$0.00
<b>Total</b>		<b>\$244.74</b>	<b>\$0.00</b>

### Requestor's Position

"This Date of Service (8/16/2021) is for injury date 8/16/2021....Therefore, the DOS is the initial encounter and the reason given for non-reimbursement by Travelers is incorrect."

**Amount in Dispute:** \$244.74

### Respondent's Position

"The Provider contends they are entitled to reimbursement for the disputed services. Provider billed for CPT codes 99203 (new Patient office visit) and 99000 (specimen handling). As to CPT code 99203, the Provider had previously billed, and the Carrier previously reimbursed, for an initial new patient office visit with date of service 08-10-2021 under CPT code 99204...reimbursement is not due for a second new patient office visit....As to CPT code 99000,

this code is not reimbursable under the applicable Medicare edits. As it is not reimbursable code, no reimbursement is due for this disputed service.

Response Submitted by: William E. Weldon/Travelers

## **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 Texas Administrative Code §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 denied the payment for the disputed services with the following claim adjustment codes:

- B16-Payment adjusted because 'new patient' qualifications were not met.
- 18-Exact duplicate claim/service.
- 306-Billing is a duplicate of other services performed on same day.
- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 56-Significant, separately identifiable E/M service rendered.
- 886-The procedure was inappropriately billed. The provider has previously billed for an initial/evaluation visit.
- 96-Non-covered charge(s)
- 242-According to the fee schedule, this charge is not covered.

### Issues

1. Is New Hampshire Insurance Company's denial of CPT code 99203 based on "B16" and "886" supported?
2. Is New Hampshire Insurance Company's denial of CPT code 99000 based on "96" and "242" supported?

### Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$244.74 for CPT codes 99203 and 99000 rendered on August 16, 2021.

The respondent contends reimbursement is not for CPT code 99203 based upon reason codes "B16," and "886." (description listed above) The respondent wrote, "The Provider contends they are entitled to reimbursement for the disputed services. Provider billed for

CPT codes 99203 (new Patient office visit) and 99000 (specimen handling). As to CPT code 99203, the Provider had previously billed, and the Carrier previously reimbursed, for an initial new patient office visit with date of service 08-10-2021 under CPT code 99204...reimbursement is not due for a second new patient office visit."

The requestor wrote, "This Date of Service (8/16/2021) is for injury date 8/16/2021....Therefore, the DOS is the initial encounter and the reason given for non-reimbursement by Travelers is incorrect." The requestor did not support the position that the 08/16/2021 was for a new workers compensation injury. No documentation was submitted to support the employer, carrier or DWC were notified of a workers' compensation injury for date of service 08/18/2021; therefore, the requestor's position is not supported.

The respondent's denial of payment is supported based upon the submitted EOB that indicates the provider billed and was paid for a new patient office visit, CPT code 99204, for date of service 08/10/2021.

2. The respondent denied reimbursement for CPT code 99000 based upon reason codes "96" and "242".

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."

CPT code 99000 is described as "Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory."

CPT code 99000 per CMS is a bundled code; therefore, no reimbursement 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 reimbursement is due.

### **Order**

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

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

01/18/2022

\_\_\_\_\_  
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).