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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Clinics of North Texas LLP

Respondent Name

National Union Fire Insurance Co.

MFDR Tracking Number

M4-22-1022-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 28, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 2, 2021	CPT Code 99214	\$255.00	\$0.00
Total		\$255.00	\$0.00

Requestor's Position

"I have attached the copy of our reconsideration and 99214 is the correct level based on documentation and Total MDM elements score, two of the three elements were meet per our Auditor's review."

Amount in Dispute: \$255.00

Respondent's Position

"The bill was denied on the basis of the provider using the wrong code."

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 Texas Administrative Code, (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:

- P12-Workers' compensation jurisdictional fee schedule adjustment.
- 375-The billed code 99214 requires high complexity, but medical decision making is low complexity.
- 16-Claim/service lacks information or has submission billing error(s).
- 205-This charge was disallowed as additional information/definition is required to clarify service/supply rendered.
- W3-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 350-Bill has been identified as a request for reconsideration or appeal.

Issues

1. Is National Union Fire Insurance Co's denial based on documentation does not support level of service billed supported?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$255.00 for CPT code 99214 rendered on June 2, 2021.

The respondent denied reimbursement for CPT code 99214 based upon documentation does not support level of service billed.

The fee guideline for CPT code 99214 is found at 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 99214 is described as, “Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.”

The division finds the submitted report does not support billing code 99214, specifically moderate level of medical decision making; therefore, reimbursement is not 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 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

02/22/2022

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. 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.