

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

IAN J. REYNOLDS, MD, PA

Respondent Name

ALLIANZ INSURANCE GROUP

MFDR Tracking Number

M4-22-2517-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 29, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 4, 2021	99204	\$332.00	\$0.00
	Total	\$332.00	\$0.00

Requestor's Position

"Bottom line is services were provided by Dr. Reynolds; time spent reviewing prior treatment that went back to 1994 took a lot of time. Exam was done, review of prior x-rays, MRI, and the ordering of new tests. 99204 does meet criteria for the services provided. The bill submitted is due and payable."

Amount in Dispute: \$332.00

Respondent's Position

"The provider's DWC-60 include EOBs. One of them was dated April 12, 2022. It denied the bill on the basis of lack of information or billing errors. This remains the carrier's position."

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guideline for professional medical services.

Denial Reasons

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

- 18 – Exact duplicate claim/service.
- 224 – Duplicate charge
- 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.
- Note: Medical record does not support the billed CPT Code 99204. Since TX is a no down code state denied CPT to disallow the charge. Re-evaluation may be done upon submission of sufficient medical records supporting the billed code.
- Reason for denying CPT: The billed code 99204 requires a moderate complexity, but the submitted medical document supports for low complexity medical decision making.

Issues

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

Findings

1. The requestor seeks reimbursement for CPT Code 99204 rendered on October 4, 2021. The insurance carrier denied reimbursement for an office visit billed under CPT code 99204, based upon "The billed code 99204 requires a moderate complexity, but the submitted medical document supports for low complexity medical decision making."

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 these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family."

A review of the submitted medical report, does not support the level of service provided on October 4, 2021. The DWC finds that the insurance carrier's denial reason is supported; as a result, reimbursement is not recommended.

2. The DWC finds that the requestor is not entitled to reimbursement for CPT Code 99204 rendered on October 4, 2021.

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 requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

_____	_____	September 2, 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 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.