



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Kyle Elliott Jones

**Respondent Name**

Znat Insurance Co

**MFDR Tracking Number**

M4-23-0279-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

September 30, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 25, 2022	99203-25	\$203.41	\$0.00
<b>Total</b>		\$203.41	\$0.00

### Requestor's Position

"...an exam was necessary before determining that the procedure was required."

**Amount in Dispute:** \$203.41

### Respondent's Position

"The disputed code 99203-25 (evaluation and management of a new patient) was billed in combination with CPT code 11740 \*evacuation of subungual hematoma) that has a global period "000". The submitted documentation does not present a significant and separately identifiable E/M service unrelated to the decision to perform the evacuation of subungual hematoma (11740) on the left index finger. Therefore, the E/M service (CPT 99203) would be considered included in the payment or CPT code 11740 as a "new" patient visit does not justify reporting an E/M service with the minor surgical procedure."

## **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 §13.203 sets out the fee guidelines for professional services.

### Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- 217 – The value of this procedure is included in the value of another procedure performed on this date
- 350 – Bill has been identified as a request for reconsideration or appeal

### Issues

1. Is the insurance carrier's denial supported?

### Findings

1. The requestor is seeking reimbursement for an evaluation and management code billed for date of service May 25, 2022.

DWC Rule 134.203 (b)(1) states in pertinent part for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply 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 applicable Medicare payment policy is found in the Medicare Claims Processing Manual Chapter 12, Section 30.6.6(B) which states payment for an E/M service provided on the day of a procedure with a global fee period is available if the physician indicates and documentation supports that the service is for a significant, separately identifiable E/M service that is above and beyond the usual pre- and post-operative work of the procedure.

Review of the submitted charting notes found insufficient evidence to support the new patient exam was separately identifiable beyond the usual pre- and post-operative work of procedure 11740. No additional payment 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 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**

_____	_____	October 28, 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](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).