

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Peak Integrated Healthcare

Respondent Name

Old Republic Insurance Co.

MFDR Tracking Number

M4-23-0740-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

November 23, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 6, 2022	99204	\$306.32	\$0.00
	99080-73	\$0.00	\$0.00
September 15, 2022	97750-GP	\$502.08	\$0.00
Total		\$808.40	\$0.00

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: \$808.40

Respondent's Position

Our initial response to the above reference medical fere dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed.

Response Submitted by: Gallagher Bassett

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 sets out the fee guidelines for professional medical services.

Denial Reasons

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

- 90168 (6246) – After review of the bill and the medical record, this service is best described by 99203. Submitted documentation did not meet at least 2 of the 3 medical decis
- 150 – Payment adjusted because the payer deems the information submitted does not support this level of service.
- 5352 – CV: Service reduced/denied as level of E&M code submitted is not supported by documentation.
- 90403 – Service not furnished directly to the patient and/or not documented.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. What are the services considered in this dispute?
2. Is Old Republic Insurance Co.'s denial based on level of service supported?

Findings

1. The division received a request for medical fee dispute resolution that included an evaluation and management examination and work status report for date of service September 6, 2022, and a physical performance evaluation for date of service September 15, 2022. The requestor is seeking \$0.00 for the work status report.

In a follow-up email dated January 30, 2023, the Peak Integrated Healthcare stated that it "received payment for September 15, 2022, but did not receive payment for September 6 2022." Therefore, the division will only consider the evaluation of and management examination performed on date of service September 6, 2022, represented by CPT code 99204.

2. Old Republic Insurance Co. denied payment for the examination in question based on level of service. 28 TAC §134.203(b)(1) states,

(b) 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.

CPT code 99204 is defined as:

Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

After reviewing the documentation provided, the division finds that the level of service for CPT code 99204 was not met. The insurance carrier's denial for this reason is supported and no additional 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 additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 14, 2023

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.