TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Viraf Cooper, MD

Respondent Name
Security National Insurance Co.

MFDR Tracking Number
M4-23-1205-01

Carrier's Austin Representative
Box Number 17

DWC Date Received
January 26, 2023

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
08/25/2022	99204	$350.00	$0.00
	Total	$350.00	$0.00

Requestor's Position

"...reconsideration was denied, citing the initial denial rationale, that it should have been down coded to a low decision-making level (CPT code 99203). It is our position that the carrier has inappropriately denied payment for the above listed Date of Service for the procedures he provided, and the carrier is responsible for the $350.00 still owed for the Second Opinion..."
Amount in Dispute: $350.00

Respondent's Position

"The medical bill in dispute was denied as the documentation did not support the level of office visit billed. The documentation showed: nature of presenting problem: moderate - 2 chronic condition; complexity of data review: straight forward - none; and risk of complications: low - limited risk is present. Therefore, the medical documentation does not support medical decision-making key components of the billed code 99204."
Response Submitted by: Security National Insurance Co.

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:

- 350 – BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 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.
- 790 - THIS CHARGE WAS REIMBURSED IN ACCORDANCE TO THE TEXAS MEDICAL FEE GUIDELINE.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

Issues

1. What rules apply to the disputed service?
2. Is the requestor entitled to reimbursement for CPT Code 99204?

Findings

1. 28 TAC §134.203(b)(1) states, "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."

   The requestor billed CPT Code 99204.

   - 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."

   The division finds that 28 TAC §134.203 applies to the reimbursement of CPT Code 99204.

2. The requestor seeks reimbursement for CPT Code 99204 rendered on August 25, 2022. The insurance carrier denied the dispute service with denial reduction codes indicated above.

   A review of submitted documentation finds that requestor's documentation for CPT 99204 does not meet AMA criteria and therefore does not support request for reimbursement.

The division finds that the requestor is not entitled to reimbursement for CPT code 99204 rendered on August 25, 2022.

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 division finds the requester has not established that reimbursement is due.

Order

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

Authorized Signature

		March 8, 2023
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 electronico CompConnection@tdi.texas.gov.