



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jasso Gabriel PhD

Respondent Name

Sentinel Insurance Company Ltd

MFDR Tracking Number

M4-23-1695-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

March 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 24, 2022	90791	\$0.00	\$0.00
March 24, 2022	99354	\$230.68	\$0.00
March 24, 2022	96130	\$0.00	\$0.00
March 24, 2022	96131	\$0.00	\$0.00
March 24, 2022	96136	\$0.00	\$0.00
March 24, 2022	96137	\$0.00	\$0.00
Total		\$230.68	\$0.00

Requestor's Position

"The attached claim for work comp treatment and services has been reduced/cut inappropriate based on the MAR for the CPT Codes billed according to DWC rule 133 and 134."

Amount in Dispute: \$230.68

Respondent's Position

"Edit exists with 90791. 99354 is a Column 2 code. If both 90791 and 99354 are submitted, only 90791 will be paid. The payment was also adjusted because the benefit for the service is included in the payment/allowance for another service/procedure that has already been adjudicated."

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 billing and payment procedures for professional fees.

Denial Reasons

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

- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 267 – An itemized billing of the time spent performing this service is needed for further review
- 1115 – We find the original review to be accurate and are unable to recommend any additional allowance
- 906 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor); component code of comprehensive medicine, evaluation and management services procedure (90000-90999) has been disallowed
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated

Issues

1. Is the insurance carrier's denial supported?

Findings

1. The requestor is seeking reimbursement of code 99354 – Prolonged physician service in the office or other outpatient setting, requiring direct (face-to-face) patient contact beyond the usual service – first hour. The insurance carrier denied the service based on lacking information and CCI edits.

Review of the submitted psychological examination indicates, "Total Test Time" of nineteen hours but does not indicate start and stop times to indicate which service was prolonged and review of the NCCI edits at www.cms.gov, found an edit exists between codes 99354 and 90791,

DWC Rule 134.203 (b) states in pertinent part, for coding billing, reporting, and reimbursement of professional services, Texas workers' compensation system participants shall apply Medicare payment policies, including its coding, billing, correct coding initiatives (CCI) edits.

The insurance carrier's denial is upheld, no additional payment can be made.

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 requestor 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

Signature

Medical Fee Dispute Resolution Officer

April 11, 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.