



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

Cesar Duclair, M.D.

**Respondent Name**

Insurance Company of the West

**MFDR Tracking Number**

M4-24-0320-01

**Carrier's Austin Representative**

Box Number 4

**DWC Date Received**

October 9, 2023

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 29, 2022	99205	\$403.92	\$0.00
October 29, 2022	95886	\$0.00	\$0.00
October 29, 2022	95912	\$0.00	\$0.00
<b>Total</b>		<b>\$403.92</b>	<b>\$0.00</b>

### Requestor's Position

"Please note that an office consultation/examination was performed and documented... Additionally, as you can see from the attached report an examination was performed and documented as a Detailed Examination component and billed as 99202... Per the attached documentation all components have been met for CPT Code 99202... We have attached the CMS documentation for Evaluation and Management Services that will show that all components are met in our documentation for CPT Code 99202."

**Amount in Dispute:** \$403.92

### Respondent's Position

"We asked our bill review vendor to re-review the bill to determine if additional money is owed. Their analysis... indicates the original bill review recommendations were correct and that no additional monies are owed."

**Response Submitted by:** ICW Group Insurance Companies

## 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 \(TAC\) §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.
3. [28 TAC §133.210](#) sets out medical documentation requirements for reimbursement of medical services.

### Denial Reasons

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

- 16 – Claim service lacks information which is needed for adjudication or has submission errors
- 196 – Medical record does not support for the billed CPT.

### Issues

1. What services will be reviewed in this dispute?
2. What rules apply to the disputed services?
3. Is the requestor entitled to reimbursement for CPT Code 99205-25?

### Findings

1. DWC finds that CPT Codes 95886 and 95912, which were included on the DWC60 form and were on the same medical bill as the disputed evaluation and management (E/M) service CPT code 99205-25, have been previously reimbursed by the insurance carrier. CPT Codes 95886 and 95912 are not in dispute. Therefore, only disputed CPT code 99205-25 will be addressed and adjudicated.

2. DWC finds that 28 TAC §133.210(c)(1) applies to the documentation requirements of CPT code 99205.

28 Texas Administrative Code(TAC) §133.210(c)(1) sets out medical documentation requirements, stating in pertinent part "In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation: the two highest Evaluation and Management office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes..."



A review of the submitted medical documentation does not support the charge for a distinctly separate office visit. Therefore, DWC finds that the requestor is not entitled to reimbursement for CPT code 99205-25 rendered on October 29, 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.

DWC finds the requestor 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**

_____	_____	November 1, 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](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).