



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Gabriel Jasso, PHD

Respondent Name

XL Insurance America Inc

MFDR Tracking Number

M4-24-1193-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 29, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 31, 2023	90791	\$0.00	\$0.00
March 31, 2023	99354	\$1,013.01	\$0.00
March 31, 2023	96130	\$0.00	\$0.00
March 31, 2023	96136	\$0.00	\$0.00
March 31, 2023	96137	\$0.00	\$0.00
Total		\$1,013.01	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of a reconsideration dated January 26, 2024 that states, "**NOTE: INCORRECT REDUCTION – THIS CLAIM IS SUBJECT TO A COMPLAINT AND ADMINISTRATIVE VIOLATION TO BE FILED AGAINST THE INSURANCE CARRIER. IF PAYMENT NOT RECEIVED WITHIN 30 DAYS OF CARRIER RECEIPT OF THIS REQUEST, MDR AND COMPLAINT WILL BE FILED.**"

Amount in Dispute: \$1,013.01

Respondent's Position

“Upon receipt of the MDR request, the bill as[sic] sent for reconsideration. The review determined that the provider is not due additional money. Attached is a copy of bill review’s denial letter and the original EOR issued.”

Response submitted by: ESIS

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 billing requirements of professional medical services.

Denial Reasons

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

- 1 – Invalid cpt billed as 99354
- 2 - Even though the AMA has adopted new codes, this is not considered a valid fee schedule code.
- 3 - 181 – Procedure code was invalid on the date of service.
- 4 – A technical Bill Review (TBR) has been performed.

Issues

1. Is the respondent’s denial supported?

Findings

1. The requestor is seeking payment of CPT Code 99354 – Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service;

A review of the American Medical Association CPT codes found that this code (99354) was deleted on January 1, 2023.

DWC Rule 28 TAC §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..."

Based on the applicable DWC rule, the insurance carrier's denial that the disputed code was not valid on the date of service is supported. No 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 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

February 23, 2024

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.