



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Muhammad Munir

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-09-B570-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

August 19, 2009

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The extra time spent on medical records review beyond routine office consultation was billed under CPT codes 99358 and 99359."

Amount in Dispute: \$274.27

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "As shown by the attached fee guideline information, each code shows a \$0.00 reimbursement amount. Accordingly, no additional reimbursement is available for these charges and the Medicare Fee Guidelines provide only for reimbursement for the connected office visit."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 15, 2009	99358, 99359	\$274.27	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the guidelines for professional medical services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - *C – Any network reduction is in accordance with the network referenced above

Issues

- Did the requestor support fees are separately payable?
- Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Labor Code §134.203(b) states in pertinent part, "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section."

The submitted codes in dispute are 99345 and 993446 both which states in pertinent part, "Prolonged evaluation and management service." While the submitted medical records support the E/M code submitted, no documentation was found to support the prolonged services as billed.

2. Provisions of Rule 134.203(b) not met. No additional payment recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November , 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.