



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Ranil Ninala, M.D.

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-24-0950-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 3, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 18, 2023	99205	\$425.82	\$0.00
September 18, 2023	95886	\$0.00	\$0.00
September 18, 2023	95911	\$0.00	\$0.00
Total		\$425.82	\$0.00

Requestor's Position

"Please note that an office consultation/examination was performed and documented separately on this date of service and billed accordingly with the appropriate modifier... as you can see from the attached report an examination was performed and documented as a Detailed Examination component and billed as 99202... all components have been met for CPT Code 99202..."

Amount in Dispute: \$425.82

Respondent's Position

"The Austin carrier representative for Zurich American Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on January 9, 2024. Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Response Submitted by: N/A

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 the payment for the disputed service with the following claim adjustment codes:

- 150 - PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.
- 1014 - THE ATTACHED BILLING HAS BEEN RE-EVALUATED AT THE REQUEST OF THE PROVIDER. BASED ON THIS RE-EVALUATION, WE FIND OUR ORIGINAL REVIEW TO BE CORRECT. THEREFORE, NO ADDITIONAL ALLOWANCE APPEARS TO BE WARRANTED.
- 2005 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.
- 5880 - A CORRECTED CLAIM IS NEEDED WITH THE CORRECT CODE, UNITS, AND CHARGES FOR RECONSIDERATION.
- 9357 - THE SUBMITTED MEDICAL RECORDS DO NOT SUPPORT THE MEDICAL DECISION MAKING OF THE E/M LEVEL OF SERVICE SUBMITTED.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 6730 – Documentation does support CPT code 99203.
- 6766 – Specialty Bill Audit/Expert Code Review involving the application code auditing rules and edits based on coding conventions defined in the American Medical Association's Current Procedural Terminology (CPT) Manual, and coding guidelines.
- 9357 – The service submitted has been adjusted to a more appropriate level based upon review of the clinical records.
- TX150 – PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.

Issues

1. What service(s) are in dispute?
2. What rules apply to the disputed service?
3. Is the requestor entitled to reimbursement for CPT Code 99205?

Findings

1. CPT Codes 95886 and 95911 are recorded by the requestor on the Request for Medical Fee Dispute Resolution form, DWC60, along with the disputed CPT code 99205-25. Per the explanation of benefits (EOB) documents submitted, CPT codes 95886 and 95911 have been reimbursed the full charges by the respondent and are not in dispute.

DWC finds the only service in dispute is CPT code 99205-25. Therefore, only 99205-25 will be addressed and adjudicated.

2. The dispute concerns an evaluation and management service (E/M) billed under CPT code 99205-25.

DWC finds that 28 TAC §133.210(c)(1) applies to documentation requirements of CPT code 99205. 28 (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 (E/M) office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes..."

As CPT code 99205 is one of the two highest E/M codes, DWC finds that (TAC) §133.210(c)(1) required the requestor to submit supporting documentation to satisfy American Medical Association requirements.

DWC finds that 28 TAC §134.203(b)(1) applies to the billing and reimbursement of CPT code 99205. 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."

3. The requestor is seeking reimbursement in the amount of \$425.82 for CPT Code 99205-25 rendered on September 18, 2023.
 - CPT Code 99205 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 high level of medical decision making (MDM). When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter."

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 for the disputed service.

ORDER

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

Authorized Signature

_____	_____	<u>March 21, 2024</u>
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, 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.