



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

McPhaul Donald Martin

**Respondent Name**

Depositors Insurance Co

**MFDR Tracking Number**

M4-24-1197-01

**Carrier's Austin Representative**

Box Number 6

**DWC Date Received**

January 29, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 8, 2023	99205	\$98.57	\$0.00
June 8, 2023	95886	\$0.00	\$0.00
June 8, 2023	95912	\$0.00	\$0.00
<b>Total</b>		\$98.57	\$0.00

### Requestor's Position

"The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134. The carrier has not responded or has denied this claim in its entirety following our filing of Request for Reconsideration. Therefore, we are filing for Medical Dispute Resolution at this time per Rule 133.307."

**Amount in Dispute:** \$98.57

### Respondent's Position

"Per bill review, appropriate payment has been rendered for the services in dispute."

## **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/fee guidelines for professional medical services.

### Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

### Issues

1. Did the insurance carrier adjudicate the code submitted on the medical bill?
2. What rule(s) are applicable to reimbursement?

### Findings

1. The requestor is seeking reimbursement of professional medical services rendered June 8, 2023 that are listed below.
  - 99205 - 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. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

Review of the submitted explanation of benefits indicates the insurance carrier made a payment for Code 99204-25. DWC Rule 28 TAC §133.240 (c) states, "The insurance carrier shall not change a billing code on a medical bill or reimburse health care at another billing code's value."

Based on the above the insurance carrier's payment was not on the code submitted by the requestor on the medical bill for date of service June 8, 2023. The review of the code submitted on the medical bill (99205) is shown below.

2. DWC Rule 28 TAC §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 payment policies, including is coding; billing; correct coding initiatives (CCI) edits.

The American Medical Association (AMA) CPT Code and Guideline Changes, effective January 1, 2021, can be found at: <https://www.ama-assn.org/system/files/2019-06/cptoffice-prolonged-svs-code-changes.pdf>. As shown above the requirements of CPT guidelines for Code 99205 – "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. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded." In summary, as no indication of time was submitted the medical decision making must be of a high level to meet the requirements of the submitted code.

An interactive E&M scoresheet tool is available at: [www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet](http://www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet).

A review of the submitted medical documentation found the medical decision making was not of a high level but straightforward as the amount and/or complexity of date to be reviewed and analyzed was limited and the risk of complications and/or morbidity or mortality of patient management was minimal.

For these reasons, medical documentation submitted did not meet AMA criteria for reimbursement of CPT code 99205. Additionally, the requestor appended modifier 25 to indicate that on the day the procedure or service was separately identifiable E/M service.

Review of the submitted documentation found the evaluation and management service was not separately identifiable from the nerve conduction test/muscle test rendered on June 8, 2023. No additional 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 additional reimbursement for the disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

April 10, 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](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).