



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

J. Scott Harris, D.C.

Respondent Name

General Motors, LLC

MFDR Tracking Number

M4-25-0091-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

September 12, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 25, 2024	99358	\$150.00	\$0.00
	99359	\$225.00	\$0.00
Total		\$375.00	\$0.00

Requestor's Position

"The examination was ordered and scheduled for 07/25/2024. This was to address impairment and maximum medical improvement at the request of the insurance carrier as indicated on the DWC-32. However, the injured employee failed to appear for the evaluation ... Despite our best efforts, the injured employee was never rescheduled within twenty-one days ... As a result, the Division and representative of the insurance carrier were notified of the injured employee's failure to attend the ordered evaluation.

"Along with the notice of the injured employee's failure to attend the designated doctor evaluation, a claim form was submitted to the insurance carrier for the required records review by the designated doctor prior to the date of the evaluation. Rule 127.10(b) requires the designated doctor to review all medical records prior to any evaluation being conducted ... The bill and documentation of the records review were submitted to the insurance carrier for processing ...

"According to the statute regarding designated doctors, had the evaluation taken place then the

medical records review would be inclusive to the evaluation and considered in the billing for the designated doctor evaluation. Since the evaluation did not take place, then a non-face to face billing code is appropriate for the records review required prior to the examination per rule 127.10(b) ...

"We are asking for reimbursement for the records review required of the designated doctor prior to the evaluation that the injured employee failed to attend. It is not inclusive of any designated doctor evaluation as there was not a designated doctor examination that took place."

Amount in Dispute: \$375.00

Respondent's Position

"As reflected in the EOBs, General Motors, LLC properly reimbursed Dr. Harris in accordance with the Texas Workers' Compensation Act and Division Rules. However, Dr. Harris is not owed any additional payment. CPT codes 99358 and 99359 are not separately payable with CPT codes 99455 and 99456. Dr. Harris has provided no authority, and none exists, to show that he is due any reimbursement other than the DWC adopted rate of \$100 for the missed appointment. Therefore, no further reimbursement is due."

Response Submitted by: Burns Anderson Jury & Brenner, L.L.P.

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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 §134.210, effective June 1, 2024, 49 TexReg 1489](#), sets out the fee guidelines for workers' compensation specific services.
3. [28 TAC §134.240, effective June 1, 2024, 49 TexReg 1489](#), sets out the fee guidelines for designated doctor examinations.

Denial Reasons

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

- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- N702 – Decision based on review of previously adjudicated claims or for claims in

process for the same/similar type of services.

- 197 – Recommended allowance based on negotiated discount/rate.
- 247 – A payment or denial has already been recommended for this service.
- 131 – Claim specific negotiated discount.
- 18 – Exact duplicate claim/service.
- N111 – No appeal right except duplicate claim/service issue. This service included in a claim that has been previously billed and adjudicated.
- 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.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is J. Scott Harris, D.C. entitled to reimbursement for the services in dispute?

Findings

1. Dr. Harris is seeking reimbursement for procedure codes 99358 and 99359. The insurance carrier denied payment stating, in part, "Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."

The disputed procedure codes are defined as, "Prolonged time without direct contact with the patient that is performed by the physician or other qualified clinician on a different day than a related E/M service can be reported with 99358 and 99359. For example, the provider may review records for a patient who received a face-to-face E/M service on a previous date or will receive care on a future date. The reported E/M service does not have to be selected based on time to report these prolonged timed services. Time reported for prolonged care should be for the total duration of time spent by the provider even when the time spent on that date is not continuous. Report 99358 for the first hour of prolonged care without direct patient care that is performed on a different date than the face-to-face E/M service and 99359 for each additional 30 minutes."

Dr. Harris argued that they "are asking for reimbursement for the records review required of the designated doctor prior to the evaluation that the injured employee failed to attend. It is not inclusive of any designated doctor evaluation as there was not a designated doctor examination that took place."

Per documentation submitted to DWC, the requestor billed, and the insurance carrier reimbursed, procedure code 99456 with modifier 52 on the same bill as the services in dispute. Per 28 TAC §§134.210(f)(2), procedure code 99456 with modifier 52 is billed and reimbursed "when the division ordered the designated doctor to perform an examination of an injured employee, and the injured employee failed to attend the examination."

The preamble to 28 TAC §§134.210 and 134.240 states that “DWC included the missed appointment fee to recognize and compensate, at least in part, designated doctors that schedule an examination appointment with an injured employee, do the required medical record review, prepare for the examination, travel to the appointment, and then have the injured employee not attend the appointment ... The missed appointment fee acknowledges the work the designated doctors are required to do to prepare for an examination.”

DWC finds that the insurance carrier’s denial of payment is supported, and Dr. Harris is not entitled to reimbursement for services that were included in a paid procedure code. No reimbursement 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 requestor has not established that reimbursement for the disputed services 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

October 31, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.