



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Edward Lee, M.D.

Respondent Name

Safety First Insurance Co

MFDR Tracking Number

M4-25-0423-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 21, 2024

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 31, 2024	99205	\$569.28	\$0.00
Total		\$569.28	\$0.00

Requestor's Position

The requestor did not submit a position summary for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

Amount in Dispute: \$569.28

Respondent's Position

"The carrier paid the provider for the surgical procedure but denied the office visit for several reasons as identified on the EOBs. The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery. The payment was adjusted because the benefit for this service is included in the payment/allowance for another service/procedure. The provider is not entitled to additional reimbursement for the office present."

Response Submitted by: Flahive, Ogden & Latson

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 fee guideline for professional medical services.

Denial Reasons

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

- 48 – The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery.
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 18 – Exact duplicate claim/service.
- 247 – A payment or denial has already been recommended for this service.

Issues

1. Is the requestor entitled to reimbursement for CPT Code 99205?

Findings

1. The dispute concerns the non-payment of an evaluation and management service billed under CPT code 99205 and rendered on May 31, 2024. The insurance carrier denied the disputed service with denial reduction code 48 (description above).

The division finds that [28 TAC §134.203](#) applies to the disputed service.

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."

The requestor is seeking reimbursement in the amount of \$569.28 for CPT Code 99205 rendered on May 31, 2024.

- CPT Code 99205 is described 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. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded."

- A review of the medical documentation finds that the requestor did not append a modifier to CPT code 99205.
- Per Medicare guidelines, E/M code 99205 should not be billed without an appropriate modifier, on the same day of a minor procedure, or the same day or day before a major procedure.
- The division finds that the requestor is therefore not entitled to reimbursement for CPT code 99205 rendered on May 31, 2024.

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.

The Division finds the requestor has not established that reimbursement is due.

ORDER

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

Authorized Signature

		November 19, 2024
Signature	Medical Fee Dispute Resolution Officer	Date

Your Right to Appeal

The parties to this medical fee dispute (MFD) have 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 electronico CompConnection@tdi.texas.gov.