



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Edward Lee, M.D.

Respondent Name

LM Insurance Corporation

MFDR Tracking Number

M4-25-0483-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

October 26, 2024

Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due |
|--------------------|-------------------|-------------------|------------|
| April 10, 2024 | 99205 | \$569.28 | \$0.00 |
| Total | | \$569.28 | \$0.00 |

Requestor's Position

"CPT 99205 (office O/P New High, 60 min) – we INCORRECTLY coded for wrong place of services along with service facility. Wes [sic] submitted a revised claim form but was still denied. This office visit was DISTINCT AND SEPARATE from the surgical procedure performed on the same day and was performed to determine whether surgery was necessary (which was subsequently deemed necessary and performed on the same day)."

Amount in Dispute: \$569.28

Respondent's Position

"The provider failed to bill 99205 with modifier 25 or modifier 57 to state the service performed was distinct, separate, independent, above and beyond the other services performed on the same date of service. The denial of 99205 was explained to the Provider on EORs 06/20/24, 08/07/24 with message 48: the provider billed for a visit on the same day of surgery or within the follow up of a previously performed surgery, No additional payment is due."

Response Submitted by: Liberty Mutual Insurance

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.
- 193 – Original payment decision is being maintained; upon review it was determined that this claim was processed properly.

Issues

1. Did the requestor submit documentation to support that a "revised claim" was submitted to the insurance carrier for review?
2. 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 April 10, 2024. The insurance carrier denied the disputed service with denial reduction code 48 (description above). The requestor states in relevant part, "... we INCORECTLY coded for wrong place of services along with service facility. Wes [sic] submitted a revised claim form but was still denied."

A review of the CMS1500 dated April 22, 2024, submitted with the Medical Fee Dispute Resolution (MFDR) request finds that the requestor billed place of service code "24" in box 24(B). The requester asserts that the medical bill was revised to reflect a new place of service code and a new service facility. No copies of the "revised" CMS1500 were included for review.

The DWC finds that the requestor did not support the assertion that the medical bill was revised prior to the filing of the MFDR.

2. The requestor seeks reimbursement in the amount of \$569.28 for CPT Code 99205 rendered on April 10, 2024.

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.”

- 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. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.”
- 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.
- A review of the CMS1500 finds the requestor did not append a modifier to CPT code 99205.
- The division finds the requestor is therefore not entitled to reimbursement for CPT code 99205 rendered on April 10, 2024, as it was not billed with an appropriate modifier on the same day of a minor procedure, or the same day or day before a major procedure.

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

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 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.