TDI **Division of Workers'**
Compensation

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Joel H Hurt MD

Respondent Name
Old Republic Insurance Co

MFDR Tracking Number
M4-25-0964-01

Carrier's Austin Representative
Box Number 44

DWC Date Received
January 4, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 19, 2024	99223-57 -25	$991.15	$0.00

Requestor's Position

"CCMSI paid all the surgery codes on our bill. However, they denied the initial inpatient E & M visit as bundled with the surgeries. This denial is incorrect… The initial visit to evaluate the patient is covered and the level of visit (99223) is appropriate for this trauma patient with an open (redacted) that was admitted through ER and then taken urgently to surgery the same day."

Amount in Dispute: $991.15

Respondent's Position

"The bill in question was processed per the Texas Fee Guidelines. As the service and documentation related to the service did not meet the requirements as detailed above, reimbursement was denied. It should also be noted that the provider billed separately for the surgery that was performed and reimbursement was approved."

Response submitted by: White Espey PLLC

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 reimbursement guidelines for professional medical services.

Denial Reasons

- 52 – Service performed resulted in the initial decision to perform the surgery.

- 56 – Significant, separately identifiable E/M service rendered.

- 59 – Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.

- 78 – The allowance for this procedure was adjusted in accordance with multiple surgical procedure rules and/or guidelines.

- P12 – Workers' compensation jurisdictional fee schedule adjustment.

- 4063 – Reimbursement is based on the physician fee schedule when a professional service was performed in a facility setting.

- 5242 – This is not a billable item and is considered to be unbundled from another service.

- 5258 – Validation audit performed by a licensed practical nurse.

- W3 – Bill is a reconsideration or appeal

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

- 1014 – The attached billing has bee 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.

- 1241 – No additional reimbursement allowed after review of appeal/reconsideration/request for second review.

- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

<u>Issues</u>

1. Is the requestor's position supported?

<u>Findings</u>

1. The requestor seeks payment of code 99223. The requestor added the following modifiers.

- 25 – Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service.
- 57 – Decision for surgery.

The information submitted titled "EncoderPro.com" indicates the following regarding modifier -25, "Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery." This same document states, "An evaluation and management service that resulted in the decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service."

In support of the level of E/M service the requestor states, "...the level of visit (99223) is appropriate for this trauma patient with an open (redacted) fracture that was admitted through ER and then taken urgently to surgery the same day."

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.

CPT Code 99223 is defined as - *Initial hospital inpatient or observation care, per day, for the evaluation and management of a 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, 75 minutes must be met or exceeded*."
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.

These guidelines specify a high level of decision making as.
Level of MDM - High

- Number of complexity of problems addressed at the encounter – 1 acute or chronic illness or injury that poses a threat to life or bodily function.
- Amount and/or complexity of data to be reviewed and analyzed. Extensive (Must meet the requirements of at least 2 out of 3 categories).
  Category 1: Tests documents or independent historian(s)
    o Any combination of 3 from the following:
      ▪ Review of prior external note(s) from each unique source

- Review of the result(s) of each unique test;
- Ordering of each unique text;
- Assessment requiring an independent historian(s)

or
Category 2: Independent interpretation of tests

- Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);

or
Category 3: Discussion of management or test interpretation

- Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (note separately reported).

- Risk of complications and/or morbidity or mortality of patient management

The position statement submitted by the requestor does not support how the amount and complexity of date reviewed and analyzed meets the criteria shown above.

The insurance carrier's denial is supported. No 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 additional 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

		February 19, 2025
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 electronico CompConnection@tdi.texas.gov.