



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Clinics of North Texas LLP

Respondent Name

Znat Insurance Co

MFDR Tracking Number

M4-25-1166-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

January 27, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 8, 2024	99214	\$255.00	\$0.00

Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of a reconsideration dated December 13, 2024 that states, "I have attached the E/M Audit provided by our certified code and auditor showing that MDM level was Moderate. At least 2 elements must be met or exceeded, 2 elements were met ..."

Amount in Dispute: \$255.00

Respondent's Position

"...disputed code 99214 is not supported by the submitted documentation."

Response Submitted by: The Zenith

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 \(TAC\) 134.203](#) sets out billing and fee guidelines for professional medical services.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 16 – Claim/service lacks information or has submission/billing error(s).
- M127 – Missing patient medical record for this service.
- MA27 – Missing/incomplete/invalid type of bill.
- N179 – Additional information has been requested from the member. The charges will be reconsidered upon receipt of that information.
- P12 – Workers compensation jurisdictional fee schedule adjustment.
- 270 – No allowance has been recommended for this procedure/service/supply
- 350 – Bill has been identified as a request for reconsideration or appeal.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. Is the insurance carrier's denial supported?

Findings

1. The requestor is seeking reimbursement of code 99214 – Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. The insurance carrier denied the claim stating documentation did not support the level of service.

The requestor states in their position statement, "I have attached the E/M Audit provided by our certified code and auditor showing that MDM level was **Moderate. At least 2 elements must be met or exceeded**, 2 elements were met..."

DWC Rule 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 following Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers..."

The requirements for correct coding are.

- Medically appropriate history and/or examination

- Medical decision making includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option. To qualify for a particular level of medical decision making, two of the three elements for a level of medical decision making must be met or exceeded.
 - Number and complexity of the problems that are addressed at an encounter
 - The amount and/or complexity of data reviewed and analyzed
 - Risk of complications and/or morbidity or mortality of patient management

The information submitted by the requestor "E/M chart review tool" indicates a moderate risk but that is only one element of medical decision making when as seen above two of the three elements must be met.

While the position statement of the requestor indicates 2 elements were met this statement does not expand into how the submitted documentation supports two of the three required elements were met.

The greater weight of evidence would indicate the requirements of code 99214 are not met. 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 requestor 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 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 7, 2025

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.