



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Ferral Endsley, D.O.

**Respondent Name**

Safety National Casualty Corp.

**MFDR Tracking Number**

M4-25-1403-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

February 21, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 23, 2024	Examination to Determine MMI and IR 99455-V3	\$385.00	\$0.00

### Requestor's Position

Initial statement: "We saw him on 10/23/24 and placed him at MMI with a 0% impairment ... I received a payment of \$179.71, which would have covered office visit only. I submitted a reconsideration request on 1/13/25. I received a denial dated 2/11/25 stating that precert is absent."

Subsequent statement: "I was able to find a payment of \$192.00 on 3/21/25, however I'd like to continue with the dispute because I believe additional reimbursement should have been \$385 not \$192."

**Amount in Dispute:** \$385.00

### Respondent's Position

"The bill(s) in question was/were escalated and a review completed. Our bill audit company has determined that additional monies are owed in the amount of \$192.00."

**Response Submitted by:** Gallagher Bassett

## 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 §134.203](#) sets out the fee guidelines for professional medical services.
3. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating performed by the treating doctor.

### Denial Reasons

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

- 197 – Precertification/authorization/notification/pre-treatment absent.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- XXG15 – Pricing is calculated based on the medical professional fee schedule value.
- XXU00 – There was no UR procedure/treatment request received.
- 00663 – Reimbursement has been calculated based on the state guidelines.
- 83 – No claim level adjustment

### Issues

1. Did the insurance carrier maintain its reduction of payment based on preauthorization or utilization review?
2. Is Ferral Endsley, D.O. entitled to additional reimbursement?

### Findings

1. Dr. Endsley is seeking additional reimbursement for an examination to determine maximum medical improvement and impairment rating performed on October 23, 2024. The insurance carrier reduced the payment, in part, based on lack of preauthorization or utilization review. In its response, the insurance carrier indicated it was making additional reimbursement. DWC concludes that it did not maintain this reduction reason.
2. The requestor billed the services in question with procedure code 99455-V3. 28 TAC §134.250(c)(1) states, in relevant part, "The treating doctor must bill using CPT code 99455 with the appropriate modifier. Modifiers 'V3,' 'V4,' or 'V5' must be added to CPT code 99455 to correspond with the last digit of the applicable office visit."

28 TAC §134.250(c)(2) states, in relevant part, "MMI evaluations must be reimbursed based on the applicable established patient office visit level associated with the examination under §134.203 of this chapter." Modifier V3 corresponds with established office visit procedure code 99213.

28 TAC §134.203(c) states, in relevant part, "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

- (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83 ...
- (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year ..."

To determine the MAR, the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) x Medicare Participating Amount.

- The DWC conversion factor for 2024 is 67.81.
- The Medicare conversion factor for the date of service in question is 33.2875.
- Per the submitted medical bills, the service was rendered in zip code 79601 which is in Medicare locality 0441299.
- The Medicare participating amount for CPT code 99213 is \$88.22.

The MAR is calculated as follows:  $(67.81/33.2875) \times \$88.22 = \$179.71$ .

The narrative submitted in the dispute packet indicates that the doctor provided an impairment rating for an inguinal hernia, which is a non-musculoskeletal body area. Per 28 TAC §134.250(c)(3)(B)(iii), "The reimbursement for the assignment of an IR in a non-musculoskeletal body area is \$192 adjusted per §134.210(b)(4)." No adjustments per 28 TAC §134.210(b)(4) apply to this date of service.

DWC finds that the total allowable reimbursement for the services in question is \$371.71. The requestor has acknowledged that this amount has been paid in full. Therefore, no additional 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 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

_____	_____	June 5, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).