



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Total Care Medical Centers

**Respondent Name**

Valley Forge Insurance Co

**MFDR Tracking Number**

M4-25-1636-01

**Carrier's Austin Representative**

Box Number 57

**DWC Date Received**

March 17, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 4, 2024	99284-25	\$817.70	\$0.00
April 4, 2024	73630-TC, LT	\$179.00	\$0.00
<b>Total</b>		<b>\$991.70</b>	<b>\$0.00</b>

### Requestor's Position

"We request a reassessment of the reimbursement for services provided to the patient at Deerfield Plains, LLC, as the current payment does not meet fair and reasonable standards per Texas Administrative Code §134.1."

**Amount in Dispute:** \$991.70

### Respondent's Position

"At this time the provider has not submitted additional treatment notes to support the use of CPT 99284-25. Since Texas is a "no-downcode" state, meaning the code can not be changed by the carrier, the provider would need to resubmit a new code or further documentation to support the original code as billed. CPT 73630-TC was allowed \$166.74 correctly."

**Response Submitted by:** Law Office of Brian J. Judis

## 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 \(TAC\) §133.10](#) sets out the requirements of medical bill submission forms.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §133.20](#) sets out the billing requirements for medical bills.

### Denial Reasons

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

- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 10 – The billed service requires the use of a modifier code.
- 56 – Significant, separate identifiable E/M service rendered.
- 86 – Service performed was distinct or independent from other services performed on the same day.
- 96 – Non-covered charge(s).
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 797 – Service not paid under Medicare OPPS.
- 802 – Charge for this procedure exceeds the OPPS schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 4915 – The charge for the services represented by the code is included/bundled into the total facility payment and does not warrant a separate payment or the payment status indicator determines the service is packaged or excluded from payment.
- 5211 – Nur audit has resulted in an adjusted reimbursement.

### Issues

1. What services are in dispute?
2. Did the requestor support submission of medical bill in accordance with applicable DWC requirements?

### Findings

1. The requestor lists the disputed services as 99284-25 for date of service April 4, 2024 in

the amount of \$812.70 and 73630-TC,LT for date of service April 4, 2024 in the amount of \$179.00 on the DWC060 submitted to MFDR. These submitted charges are shown on a UB04/CMS 1450 for TOTALCARE ER – Weatherford.

These charges will be reviewed per applicable DWC rules and fee guidelines.

The documents included with the request for MFDR also included a CMS 1500 claim form with the same codes and date but different billed charges. These charges will not be considered at MFDR.

2. Review of the submitted medical bill indicates bill type 131 as “Type of Bill” in box 4.

Review of box 56 of submitted bill found NPI number 1275110108. The NPPES website at <https://npiregistry.cms.hhs.gov>. indicates Deerfield Plains, LLC doing business as TOTALCARE EMERGENCY. Taxonomy 261QE0002X – Clinic/Center – Emergency Care.

Bill type 131 is defined by CMS as Hospital Outpatient admit through discharge.

DWC Rule 28 TAC §133.20 (c) states in pertinent parts, A health care provider must include correct billing codes... when submitting medical bills.

Based on this review, DWC finds the bill type 131 is not valid for the requestor’s medical bill as the reported NPI is not for an Outpatient Hospital.

Additionally, DWC Rule §133.10 (f)(2) indicates the UB04 is required for institutional medical bills. The “Clinic/Center – Emergency Care” is not an institution. 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**

\_\_\_\_\_  
Signature

Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
May 15, 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](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).