



Medical Fee Dispute Resolution Findings and Decision General Information

Requester Name

Ferral L. Endsley, D.O.

Respondent Name

Liberty Mutual Insurance Corp.

MFDR Tracking Number

M4-25-2726-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

April 30, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 16, 2025	99203-25	\$235.00	\$0.00

Requester's Position

Excerpt from the Reconsideration Request dated March 13, 2025: "The following information is being provided to clarify our use of the CPT modifier 25 reported with a CPT evaluation and management (E/M) code to indicate that a distinct and separately identifiable E/M service was performed warranting separate payment... The appropriateness of appending modifier 25 on the E/M CPT code 99203 is clearly documented in the patient chart and should be recognized by Liberty Mutual and eligible for payment. Based on the circumstances of this case, we request that the E/M code be considered for separate payment and not bundled under payment for the procedure."

Amount in Dispute: \$235.00

Respondent's Position

"The denial-of-service code 99203-25 is based on the application of Texas Workers' Compensation Rules Texas Administrative Code Title 28, Chapters 102-180 that allows the application of Medicare payment policies such as CCI... The Provider billed modifier 25 to 99203... Modifier 25 is not supported. There was no treatment that was significant, or separately reportable, there was no service/treatment/care that was above and beyond the standard care prior to the procedure, during the procedure, or after the procedure. All services performed are

the standard workup for performing a planned EMG NCV.”

Response Submitted by: Liberty Mutual Insurance

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 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:

- 5845 – NO SIGNIFICANT IDENTIFIABLE EVALUATION AND MANAGEMENT SERVICE HAS BEEN DOCUMENTED.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

Issues

1. Is the insurance carrier’s reason for denial supported?
2. Is the requester entitled to reimbursement for CPT Code 99203-25?

Findings

1. This medical fee dispute resolution (MFDR) request involves non-payment of CPT code 99203-25, rendered on the same date, by the same health care provider, and to the same injured employee as a nerve conduction study and electromyography procedure was performed.

A review of the submitted documents finds that the insurance carrier denied the disputed CPT code 99203-25 based on “no significant identifiable evaluation and management service has been documented.” In addition, the respondent in its position statement states that the use of modifier “25” is not supported on the disputed date of service.

CPT Code 99203 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 low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.”

The requester appended modifier 25 to CPT code 99203, which indicates a significant, separately identifiable E/M service by the same physician or other qualified health care professional on the same day of a procedure or other service. See [Modifier 25 fact sheet \(novitas-solutions.com\)](#) for appropriate and inappropriate use of modifier 25 when billing for

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.