



Medical Fee Dispute Resolution Findings and Decision General Information

Requester Name

Hanul Bhandari, M.D.

Respondent Name

Hartford Underwriters Insurance Co.

MFDR Tracking Number

M4-25-3230-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

August 8, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 24, 2024	99205	\$462.61	\$0.00
Total		\$462.61	\$0.00

Requester's Position

"CARRIER DENIED THE BILL FOR NO PRE-AUTHORIZATION. DESIGNATED DOCTOR REFERRED TESTING DOES NOT REQUIRE PRE-AUTH. NO RESPONSE TO THE RECONSIDERATION"

Amount in Dispute: \$462.61

Respondent's Supplemental Position

"The bill was appropriately denied with no additional due... 99205 correctly recommended down coded to 99204 based upon MDM elements. No submitted supporting documentation to allow. No allowance change made..."

Response Submitted by: Gallagher Bassett

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 fee guideline for professional medical services.
3. [28 TAC §133.30](#) sets out the guidelines for telehealth and telemedicine services.
4. [28 TAC §127.10](#) sets out the General Procedures for Designated Doctor Examinations.
5. [28 TAC §133.210](#) sets out medical documentation requirements.

Adjustment Reasons

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

- 150 - PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.
- 16 – CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S).
- 197 - PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- XXQC9 - BASED ON THE DOCUMENTATION SUBMITTED IT IS RECOMMENDED THAT SERVICE SHOULD BE LOWERED 1 LEVEL.

Issues

1. What rules apply to the service in dispute?
2. Is the requester entitled to reimbursement for CPT Code 99205?

Findings

1. The dispute concerns an evaluation and management service referred to the requester by a designated doctor and billed under CPT code 99205-95.

DWC finds that the following TAC Rules apply to the service in this dispute.

28 TAC §127.10 which sets out the General Procedures for Designated Doctor Examinations states in pertinent part, "(c) Additional testing and referrals. The designated doctor must perform additional testing when necessary to resolve the issue in question. The designated doctor must also refer an injured employee to other health care providers when the referral is necessary to resolve the issue in question, and the designated doctor is not qualified to fully resolve it... (4) Any additional testing or referrals required for the evaluation of an injured employee under a certified workers' compensation network under Insurance Code Chapter 1305 or a political subdivision under Labor Code §504.053(b):

(A) are not required to use a provider in the same network as the injured employee; and
(B) are not subject to the network or out-of-network restrictions in Insurance Code §1305.101 (relating to Providing or Arranging for Health Care).”

Modifier -95, which indicates a telemedicine/telehealth service, was appended to the disputed CPT code on the medical bill. Therefore, DWC finds that 28 TAC §133.30, which sets out the guidelines for telehealth and telemedicine services, applies to the service in dispute. 28 TAC §133.30 states in pertinent part,

“(c) Except as provided in subsection (d) of this section, a health care provider must bill for telemedicine, telehealth, and teledentistry services according to applicable:

(1) Medicare payment policies, as defined in §134.203 of this title (relating to Medical Fee Guideline for Professional Services); ...

(d) A health care provider may bill and be reimbursed for telemedicine, telehealth, or teledentistry services regardless of where the injured employee is located at the time the telemedicine, telehealth, or teledentistry services are provided.”

DWC finds that 28 TAC §134.203(b)(1) applies to the reimbursement of disputed CPT code 99205. 28 TAC §134.203(b)(1) states, “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”

28 TAC §133.210(c)(1) sets out medical documentation requirements, stating in pertinent part “In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation: the two highest Evaluation and Management office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes...” As CPT code 99205 is one of the two highest evaluation and management codes, DWC finds that (TAC) §133.210(c)(1) required the requester to submit supporting documentation to satisfy the American Medical Association requirements.

2. The requester is seeking reimbursement in the amount of \$462.61 for CPT Code 99205-95 rendered on October 24, 2024.
 - CPT Code 99205 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 high level of medical decision making (MDM). When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.”
 - 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/cpt-office-prolonged-svs-code-changes.pdf>. In summary, CPT 99205 documentation must contain two out of three of the following elements: 1) high level of number and

complexity of problems addressed 2) high level of amount and/or complexity of data to be reviewed and analyzed 3) high risk of morbidity/mortality of patient management OR must document 60-74 minutes of total time spent on the date of patient encounter.

- An interactive E&M scoresheet tool is available at: <https://www.novitas-solutions.com/webcenter/portal/MedicareJL/EMScoreSheet>
- A review of submitted medical documentation finds that a high level of MDM was not met in the elements of 1) Complexity/number of problems addressed 2) Amount or complexity of data reviewed and analyzed. The submitted medical documentation does not meet two out of three high level MDM elements. The submitted medical record shows no documentation of time spent on the date of the encounter. For these reasons, the medical documentation submitted did not meet AMA criteria for reimbursement of CPT code 99205.
- DWC finds that the requester is not entitled to reimbursement for CPT code 99205-95 rendered on October 24, 2024.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 reimbursement is due.

ORDER

Under Texas Labor Code §§413.031, DWC has determined the requester is entitled to \$0.00 additional reimbursement for the disputed service.

Authorized Signature

_____	_____	October 17, 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 electrónico CompConnection@tdi.texas.gov.