TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision
General Information

Requester Name
North Texas Neurosurgical Consultants

Respondent Name
Transportation Insurance Company

MFDR Tracking Number
M4-25-3427-01

Carrier's Austin Representative
Box Number 57

DWC Date Received
August 26, 2025

Summary of Findings

Date of Service	Disputed Services	Amount in Dispute	Amount Due
June 16, 2025	99205	$695.00	$468.08

Requester's Position

"We received the first denied EOB from CNA on 6-30-25 stating 'the documentation received does not support the level of service billed or provide additional documentation to support the services billed.' I mailed in a request for reconsideration letter with all supporting medical records 7-7-25 to CNA to ask them to reconsider their denial as we feel 99205 was the correct level of service billed on 8-9-25, CNA denied this reconsideration stating the original decision is being maintained."

Amount in Dispute: $695.00

Respondent's Position

"Medical decision making only meets for one category & that does not support level 5. Since Texas is a 'no downcode' state, meaning the code cannot be changed by the carrier, the provider would need to resubmit a new code or further documentation to support the original code as billed. The Carrier requests that the Division of Workers' Compensation find that the HCP has not established that reimbursement is due."

Response Submitted by: Law Office of Brian J. Judis

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 §133.210 sets out medical documentation requirements for reimbursement of medical services.

Denial Reasons

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

- W3 – Bill is a reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 589 – The documentation received does not support the level of service billed. Please adjust the level of service billed or provide additional documentation to support the service billed.
- 5211 – Clinical bill review has reduced or disallowed the charge as service performed do not meet clinic guidelines/recommendations.

Issues

1. Is the insurance carrier's denial of payment supported?
2. Is the requester entitled to reimbursement for CPT Code 99205?

Findings

1. The requester seeks payment in the amount of $695.00, for a new patient office visit, billed under CPT code 99205 and rendered on June 16, 2025. The insurance carrier denied the office visit charge citing that the documentation received does not support the level of service billed.

   The division applies 28 TAC §133.210(c)(1) and 28 TAC §134.203 which states;

   28 Texas Administrative Code(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…"

   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."

2. The requester is seeking reimbursement in the amount of $695 for CPT Code 99205 rendered on June 16, 2025.
   - 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. 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) extensive 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 moderate level of MDM was met in the element of documented time which meets the 60-74 minutes of total time spent on the date of patient encounter. For these reasons, medical documentation submitted did meet AMA criteria for reimbursement of CPT code 99205.
   - The division finds that the requester is entitled to reimbursement for CPT code 99205 rendered on June 16, 2025.

28 TAC §134.203(c)(1) states, "…To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification…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 $53.68…"

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The 2025 DWC Conversion Factor is 70.18
- The 2025 Medicare Conversion Factor is 32.3465
- A review of the medical bills finds that the disputed services were rendered in zip code 76015; the locality is Fort Worth, 4412--28.
- The Medicare Participating amount for CPT code 99205 at this locality is $215.74.
- Using the above formula, the DWC finds the MAR is $468.08.
- The requester seeks $695.00.
- The respondent paid $0.00.
- Reimbursement of $468.08 is recommended for date of service June 16, 2025.

The DWC finds that the requester is entitled to reimbursement for the disputed services. As a result, $468.08, is due.

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.

The Division finds the requester has established that reimbursement of $468.08 is due.

ORDER

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement. It is ordered that the respondent must remit to the requester $468.08 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		October 8, 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 electronico CompConnection@tdi.texas.gov.