



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Cesar Duclair, M.D.

**Respondent Name**

Indemnity Insurance Co of North America

**MFDR Tracking Number**

M4-26-0709-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

November 11, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 26, 2025	99204-25	\$491.98 [sic] (\$481.98)	\$355.43
July 26, 2025	95886	\$1.58	\$0.00
July 26, 2025	95912	\$5.17	\$0.00
<b>Total</b>		<b>\$488.73</b>	<b>\$355.43</b>

### Requester's Position

"Specific reasoning/response: rate set by TDI and designated doctor required testing does not require pre-authorization. 99205-25 rate is \$481.98 incorrectly reduced to \$0.00, 95886 rate is \$198.64 x 2 = \$397.28 incorrectly reduced to \$395.70, 95912 rate is \$517.72 incorrectly reduced to \$512.55."

**Amount in Dispute:** \$488.73

### Respondent's Position

"Our bill audit company has determined that no further payment is due. The rationale for this determination is below. DOS: 07/26/2025 Rationale: 99205- recommended to 99204 correctly,

since TX is no down code state and is not meeting 99205, it is meeting 99204, problem is moderate, data is minimal and risk is moderate which meets 99204, denial is upheld. -Other codes paid correctly.”

**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](#)) [§133.305](#) sets out the procedures for general procedures for medical dispute resolution.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.
4. [28 TAC §127.10](#) sets out the General Procedures for Designated Doctor Examinations.

### Denial Reasons

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

- 16 – Claim/service lacks information or has submission error(s).
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- W3 – In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- XXG15 – Pricing is calculated based on the medical professional fee schedule value.
- 197 – Precertification/authorization/notification/pre-treatment absent.

### Issues

1. Is the insurance carrier’s denial code 197 supported?
2. Is the requester entitled to reimbursement for CPT Code 99204?
3. Is the requester entitled to additional reimbursement for CPT codes 95886 and 95912?

### Findings

1. The requester is seeking reimbursement in the amount of \$488.73 for a diagnostic test and consultation that was referred to by a designated doctor. The insurance carrier reduced the payment for the disputed date of service with denial codes listed above.

28 TAC §127.10 (c)(1) states, "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. (1) Any additional testing or referrals required for the evaluation are not subject to preauthorization requirements."

A review of the submitted documentation shows sufficient support for the Division's scheduling of a Designated Doctor examination with Dr. Mahesh Mohan. Dr. Mohan conducted the examination and referred the claimant to the requester for EMG/NCV consultation and testing as part of that evaluation. Accordingly, the Division finds that the requester has supported the position that the disputed EMG/NCV consultation and testing were performed as part of a Designated Doctor examination. Therefore, the denial of preauthorization is not supported.

2. The dispute concerns an evaluation and management service billed under CPT code 99204. The medical bill has 99205 listed as the visit code, however the submitted records indicate that 99204 was billed to and audited by the carrier as the evaluation and management code.

The division finds that 28 TAC §133.210(c)(1) applies to reimbursement of CPT code 99204.

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..."

The division finds that 28 TAC §134.203 applies to reimbursement of CPT code 99204.

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."

The requester seeks reimbursement in the amount of \$481.98 for CPT Code 99204 rendered on July 26, 2025.

- CPT Code 99204 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 moderate level of medical decision making. When using time for code selection, 45-59 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 99204 documentation must

contain two out of three of the following elements: 1) moderate level of number and complexity of problems addressed 2) moderate level of amount and/or complexity of data to be reviewed and analyzed 3) moderate risk of morbidity/mortality of patient management OR must document 45-59 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 elements of 1) number and complexity of problems addressed 2) amount and/or complexity of data to be reviewed and analyzed. Submitted medical record shows no documentation of time spent on date of encounter. For these reasons, medical documentation submitted did meet AMA criteria for reimbursement of CPT code 99204.
- The division finds that the requester is entitled to reimbursement for CPT code 99204 rendered on July 26, 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 75247; locality 11, Dallas.
- The Medicare Participating amount for CPT code 99204 at this locality is \$163.82.
- Using the above formula, the DWC finds the MAR is \$355.43.
- The requester seeks \$481.98.
- The respondent paid \$0.00.
- Reimbursement of \$355.43 is recommended for CPT code 99204 for date of service July 26, 2025.

The DWC finds that the requester is entitled to reimbursement for the disputed services. As a result, \$355.43, is due

3. The requester seeks additional reimbursement in the amount of \$1.58 for CPT Code 95886 and \$5.17 for CPT Code 95912 rendered on July 26, 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 disputed date of service is July 26, 2025
- The 2025 DWC Conversion Factor is 70.18
- The 2025 Medicare Conversion Factor is 32.3465
- Disputed services were rendered in zip code 75247, locality 11, Dallas.
- The Medicare Participating amount for CPT code 95886 at this locality is \$91.19 and CPT code 95912 is \$236.24.
- Using the above formula, the DWC finds the MAR for CPT code 95886 is \$395.70 and CPT code is \$512.55 for a combined total of \$908.25.
- The respondent paid \$908.25.

The DWC finds that the requester is not entitled to additional reimbursement for the disputed CPT Codes 95886, and 95912 rendered on July 26, 2025.

### 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 DWC finds the requester has established that reimbursement is due for the consultation service billed under CPT code 99204, rendered on July 26, 2025 in the amount of \$355.43.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that the respondent must remit to the requester \$355.43 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

December 29, 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, call CompConnection at 1-800-252-7031, option 3 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 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).