



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name**

ELITE HEALTHCARE FORT WORTH  
C/O GLENN, TRACY

#### **Respondent Name**

COMMERCE & INDUSTRY INSURANCE

#### **MFDR Tracking Number**

M4-13-2883-01

#### **Carrier's Austin Representative**

Box Number 19

#### **MFDR Date Received**

JUNE 28, 2013

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Have sent these claims in for reconsideration for payment without success. Treating provider for this patient is Dr. Michael Lopez. He has attached dictations for office visits that are not being paid in full. All components for office visits have been explained in the letter and should be paid in full. Office visits are recommended as determined to be medically necessary. Medical necessity for office visit in conjunction with work status form 73. Claims before and after these dates of service have been paid in full. These are incorrect denials, same diagnosis codes as the other claims."

**Amount in Dispute:** \$547.68

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "AIG has reviewed the Medical Fee Dispute Resolution Requestor/Response (DWC-60). In reviewing the report, it is the carrier's position that the bill was paid and denied correctly. There are established levels of service that should be followed with billing that were not been met by the provider. DOS: 1-24-13 – Care Conference dispute. Could not have possibly lasted 30 minutes and the only members present are the staff. Staff meeting conferences are not separately payable per Rule 134.204. DOS: 1-28-13 – PAID referrals were made and, although other doctors do not charge for this, it appears he called in the referrals. DOS: 1-30-13 – CPT 99213 – Expanded focus history; No Expanded exam; not recorded and appears to be pre treatment assessment Planning: no (hold PT) See 99211 or 99212 DOS: 2-11-13 – CPT 99213 – Expanded history: No Expanded exam no (straightforward exam: yes) Medical decision low complexity: yes – See 99212 descriptions. DOS: 2-21-13 – This has been paid. See attached EOB with check number. DOS: 3-5-13 – CPT 99214 charged. Detailed history: Not at all. Detailed exam: Yes – Medical decision: Can't really note any. There are a lot of mentions of subjective patient complaints and upcoming treatment plans for surgery etc. DOS: 3-11-13 – CPT 99213 History: None Exam: Straightforward Medical decision: added psychiatry consult based on patient complaint and again restated upcoming events. See CPT 99212."

**Response Submitted by:** AIG DALLAS WORKERS' COMPENSATION SERVICE CENTER

## **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 25, 2013	CPT Code 99361 – Team Conference	\$28.00	\$0.00
January 30, 2013 February 21, 2013 March 11, 2013	CPT Code 99213	348.79	\$0.00
March 5, 2013	CPT Code 99214	\$170.89	\$0.00

## **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the medical fee guidelines for professional services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 1 – No Reduction Available.
  - 2 – This service/supply is not covered according to the state fee schedule guideline.
  - 1 (15) – Payer deems the information submitted does not support this level of service.
  - 4 – Documentation does not support level of service billed.
  - 1 (B12) – Services not documented in patients' medical records.
  - 1 – No significant identifiable evaluation and management service has been documented.

### **Issues**

1. Did the requestor submit the original bill for CPT Code 99361 for date of service January 25, 2013?
2. Did the requestor support the office visits?

### **Findings**

1. 28 Texas Administrative Code §133.307(c)(2) and (c)(2)(J) states: "Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include: (J) A paper copy of all medical bill(s) related to the dispute, as originally submitted to the insurance carrier in accordance with this chapter and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (relating to General Medical Provisions)." The insurance carrier submitted a copy of the CMS-1500 that listed date of service January 25, 2013. Review of the CMS-1500 submitted by the requestor for this date of service finds that the bill submitted with the medical fee dispute request is not the original bill. The original bill received from the respondent, dated January 31, 2013, lists the charge for CPT Code 99361-W1 as \$113.00; however, the bill submitted by the requestor with the form DWC-60 lists CPT Code 99361-W1 with a charge of \$28.00 dated June 21, 2013. Therefore, the requestor has not met the requirements of the rule and reimbursement is not recommended.
2. 28 Texas Administrative Code §134.203(b) 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 requestor billed CPT Code 99213-25 for dates of service January 30, 2013, February 21, 2013 and March 11, 2013. The description for CPT Code 99213 is: "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low

complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family." Modifier -25 is defined as, "Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service." Review of the disputed dates of service are as follows:

- January 30, 2013, CPT Code 99213-25: Review of documentation for this date of service does not sufficiently support 2 (expanded focused history and expanded problem focused examination) of the 3 key components; therefore, reimbursement is not recommended.
- February 21, 2013, CPT Code 99213-25: Review of the documentation submitted by both parties finds that the respondent has submitted an EOB showing payment of \$116.39 was made with check number 24223182 on July 20, 2013. Therefore, this date of service has been reimbursed and no additional reimbursement is recommended.
- March 11, 2014, CPT Code 99213-25: Review of the documentation for this date of service does not sufficiently support 2 (expanded problem focused history and medical decision making of low complexity) of the 3 key components; therefore, reimbursement is not recommended.

28 Texas Administrative Code §134.203(b) 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 requestor billed CPT Code 99214-25 on date of service March 5, 2013. The description of CPT Code 99214 is: "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family." The requestor also attached modifier -25 which is defined as "Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service."

- March 5, 2013, CPT Code 99214-25: Review of the documentation for this date of service does not sufficiently support 2 (detailed history and medical decision making of moderate complexity) of the 3 key components; therefore reimbursement is not recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
May 14, 2014  
Date

## ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**