



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

CHRISTINE L. TRUITT, M.D.

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-13-2940-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

JULY 1, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We are protesting the denial of payment for prolonged service code 99354 in the amount of \$250.00. Dr. Truitt spent a total of 80 minutes in patient care which consisted of 55 minutes face-to-face time, 15-20 minutes in medical record review plus 10 minutes dictation time. CPT code 99215 allows 25 minutes spent in patient care and code 99354 is used when a physician provides prolonged service involving direct patient contact that is provided beyond the usual service. Direct patient contact is face-to-face and includes additional non face-to-face services provided during the same session. This service is reported in addition to the designated E & M service at any level."

Amount in Dispute: \$250.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Although in dispute, the requestor billed an E/M episode with CPT code 99215, which Texas Mutual declined to pay as the documentation did not substantiate a comprehensive history or exam. What is in dispute is reimbursement of code 99354 that Texas Mutual declined to pay because it does not agree that a prolonged encounter is substantiated when the basic E/M documentation does not support the E/M code billed."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 1, 2013	CPT Code 99354	\$250.00	\$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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

- CAC-W1-Workers compensation state fee schedule adjustment.
- 217-The value of this procedure is included in the value of another procedure performed on this date.
- 892-Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.
- CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 724-No additional payment after a reconsideration of services.

Issues

1. Is the allowance of CPT code 99354 included in the allowance of CPT code 99215?
2. Does the documentation support billing CPT code 99354? Is the requestor entitled to reimbursement?

Findings

1. The requestor billed CPT code 99354 and 99215 on the disputed service. The respondent denied reimbursement based upon reason codes “CAC-97” and “217”.
 - CPT code 99354 is defined as “Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service).”
 - CPT code 99215 is defined as “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 comprehensive history; A comprehensive examination; Medical decision making of high 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, 40 minutes are spent face-to-face with the patient and/or family.”

28 Texas Administrative Code §134.203(b)(1) states “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers’ compensation system participants shall apply the following: 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

Per CCI edits, CPT code 99354 is not bundled to code 99215; therefore, the respondent’s denial based upon reason codes “CAC-97” and “217” are not supported.

2. The requestor contends that reimbursement is due because “Dr. Truitt spent a total of 80 minutes in patient care which consisted of 55 minutes face-to-face time, 15-20 minutes in medical record review plus 10 minutes dictation time.”

28 Texas Administrative Code §134.203(a)(5) states “Medicare payment policies” when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”

Per CMS, Medicare Learning Network Matters, MM5972, effective July 1, 2008, “In the **office or other outpatient setting**, Medicare will pay for prolonged physician services (CPT code 99354) (with direct face-to-face patient contact that requires one hour beyond the usual service), when billed on the same day by the same physician or qualified NPP as the companion evaluation and management codes. The time for usual service refers to the typical/average time units associated with the companion E&M service as noted in the CPT code. You should report each additional 30 minutes of direct face-to-face patient contact following the first hour of prolonged services with CPT code 99355...Make sure that you document the start and end times of the visit, along with the date of service” The Division finds that the requestor did not document a start and end times of the visit, as a result, the requestor has not supported billing CPT code 99354.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional 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

03/25/2015
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.