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
ELITE HEALTHCARE NORTH DALLAS

Respondent Name
CONTINENTAL CASUALTY CO

MFDR Tracking Number
M4-13-3198-01

Carrier's Austin Representative Box
Box Number 47

MFDR Date Received
July 30, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "…date of service 1/4/13 wasn't paid. However, this was the initial visit and quite extensive. As you can see, all requirements were made: Referrrals, Exam, Pain scales, extensive time reviewing all medical records and status of the case… Therefore these claims should be **PAID IN FULL**…dates of service 3/5/13 was an office visit, and not paid in full due to a "incorrect modifier". **This denial is inconsistent and contradicting…claims should be PAID IN FULL…**"

Amount in Dispute: $296.01

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier has determined that no additional reimbursement is owed…Texas is a "no downcode" state and the provider has not submitted documentation to support the level of service billed.""

Response Submitted by: Law Office Of Brian J. Judis.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 4, 2013 through March 5, 2013	99203 & 99213	$296.01	$119.22

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 a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for E/M services
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits
   - 1- (150) Payer deems the information submitted does not support this level of service
   - 1-CV: The level of E&M code submitted is not supported by documentation. (V122)
   - 2- Physical medicine-chiropractic services rendered beyond 90 days from doi. (MT04)
   - 3- Physical medicine or chiropractic services rendered beyond 60 days from doi. (MT09)

- 2-(4) The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 5- CV: The E&M service documented does not meet the CPT requirements for modifier 25. Service should not be billed separately. (V178).
- 7- diagnosis code indicates severe injury. (MT12).
- 1- Line paid at 100 percent of billed charges. (P304)
- 7- Procedure is reimbursable when requested by carrier or self insured employer. (Z469).

Issues

1. Did the requestor meet the requirements of 28 Texas Administrative Code §134.203?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, "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; … and other payment policies in effect on the date a service is provided…" Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient. The American Medical Association (AMA) CPT code description for 99203 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, 30 minutes are spent face-to-face with the patient and/or family.

   The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following:

   - Documentation of the Detailed History for service date January 4, 2013
     - History of Present Illness (HPI) consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions. Documentation found listed two elements, this component was not met.
     - Review of Systems (ROS) requires two to nine systems to be documented. Documentation found listed one system, this component was not met.
     - Past Family, and/or Social History (PFSH) requires at least one specific item from any three history areas to be documented. The documentation found did not list any areas This component was not met.
   - Documentation of a Detailed Examination:
     - Requires at least six organ systems to be documented, with at least two elements per listed system. The documentation found listed one element. This component was not met.

   The American Medical Association (AMA) CPT code description for 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.

   The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following:

   - Documentation of the Expanded History for service date March 5, 2013
     - History of Present Illness (HPI) consists of one to three elements of the HPI. Documentation found listed three elements, thus meeting component.

- Review of Systems (ROS) inquires about the system directly related to the problem(s) identified in the HPI. Documentation found listed one system. This component was met.
- Past Family, and/or Social History (PFSH) are not applicable.

- Documentation of a Expanded Examination:
  - Requires limited examination of the affected body area or organ system. The documentation found examination of one area. This component was met.

2. For the reasons stated above, the services in dispute for date January 4, 2013 is not eligible for payment pursuant to 28 Texas Administrative Code §134.203 (c).

   Service date March 5, 2013 in dispute is eligible for payment pursuant to 28 TAC §134.203 (c) as follows: (55.30 / 34.023)*$73.35 = $119.22.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due for service date January 4, 2013. As a result, the amount ordered is $0.00.

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due for service date March 5, 2013. As a result, the amount ordered is $119.22.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $119.22 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	May , 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).