



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 and Address

DOM SMITH
6550 FANNIN STREET SUITE 1101
HOUSTON, TX 77030

Respondent Name

UNIVERSITY OF TEXAS SYSTEM

MFDR Tracking Number

M4-14-0782-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Office."

Amount in Dispute: \$1,363.00

RESPONDENT'S POSITION SUMMARY

Respondent's Summary: "Carrier was notified on 11/13/13. No response received."

Response by: University of Texas System.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 5, 2013 through July 17, 2013	99214 & 99215	\$1,363.00	\$929.43

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

- 150-Payer deems the information submitted does not support this level of service.
- 193- Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

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 **99214 for Dates of Service (DOS) March 5, 2013, April 16, 2013, June 6, 2013 and July 5, 2013** 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 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 for **DOS March 5, 2013**:

- Documentation of the Detailed History
 - 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 three chronic conditions, thus meeting this component.
 - Review of Systems (ROS) requires two to nine systems to be documented. Documentation found listed nine systems, this component was 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 listed two areas. This component was 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 six body/organ system. This component was met.

The division concludes that the documentation sufficiently supports the level of service billed.

Review of the documentation finds the following for **DOS April 16, 2013**:

- Documentation of the Detailed History
 - 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 three chronic conditions, thus meeting this component.
 - Review of Systems (ROS) requires two to nine systems to be documented. Documentation found listed nine systems, this component was 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 listed two areas. This component was 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 nine body/organ systems. This component was met.

The division concludes that the documentation sufficiently supports the level of service billed.

Review of the documentation finds the following for **DOS June 6, 2013**:

- Documentation of the Detailed History
 - 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 three chronic conditions, thus meeting this component.

- Review of Systems (ROS) requires two to nine systems to be documented. Documentation found listed five systems, this component was 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 listed two areas. This component was 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 six body/organ systems.

The division concludes that the documentation sufficiently supports the level of service billed.

Review of the documentation finds the following for **DOS July 5, 2013**:

- Documentation of the Detailed History
 - 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 three chronic conditions, thus meeting this component.
 - Review of Systems (ROS) requires two to nine systems to be documented. Documentation found listed seven systems, this component was 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 listed two areas. This component was 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 seven systems. This component was met.

The division concludes that the documentation sufficiently supports the level of service billed.

The American Medical Association (AMA) CPT code description for **99215** for **Date of Service (DOS) July 17, 2013** is:

Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive 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, 45 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 for **DOS July 17, 2013**:

- Documentation of the Comprehensive History
 - 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 three chronic conditions, thus meeting this component.
 - Review of Systems (ROS) inquires about the system (s) directly related to the problem(s) plus additional body systems. At least ten organ systems must be reviewed. Documentation found listed ten systems, this component was met.
 - Past Family, and/or Social History (PFSH) requires a review of two or all history areas, at least one specific item from each history areas to be documented. The documentation found listed two areas. This component was met.
- Documentation of a Comprehensive Examination:
 - Requires at least nine organ systems to be documented, with at least two elements listed per system. The documentation found listed ten body/organ systems. This component was met.

The division concludes that the documentation sufficiently supports the level of service billed.

2. For the reasons stated above, the services in dispute for DOS's March 5, 2013 through July 17, 2013 are eligible for payment pursuant to 28 TAC §134.203 (c) as follows:

March 5, 2013 (CPT 99214)(55.30 /34.0230)*\$107.13 = \$174.12
April 16, 2013 (CPT 99214)((55.30 /34.0230)*\$ 107.13 = \$174.12
June 6, 2013 (CPT 99214)((55.30 /34.0230)*\$ 107.13 = \$174.12
July 5, 2013 (CPT 99214)((55.30/34.0230)*\$ 107.13 = \$174.12
July 17, 2013 (CPT 99215)(55.30/34.0230)*\$143.31 = \$232.93
TOTAL DUE \$929.43

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$929.43.

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 \$929.43 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	January , 2013
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 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).