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 GARLAND

Respondent Name
FREESTONE INSURANCE CO

MFDR Tracking Number
M4-14-1307-01

Carrier's Austin Representative Box
Box Number 19

MFDR Date Received
JANUARY 10, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The office visits for the attached dates of service, 04/24/2013 and 5/10/2013, was denied. The reason stated for the denial was, 362, 434, ANSI150 'SERVICES DELIVERED UNDER AN OTPT PHYSICAL THERAPY PLAN OF CARE. USED WITH CODE 99080 FOR WORK STATUS REPORTS. PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.' Per ODG Guidelines, Office Visits are recommended as determined to be medically necessary. These visits play a critical role in the proper diagnosis and return to function of an injured worker (see ODG Guidelines attached). Also per TDI Requirements (which is also attached) a patient must be [sic] meet with the Treating Physician to complete the required Form 73…"

Amount in Dispute: $388.02

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The treatment at issue in this case consists of two chiropractic examinations with dates of service April 24, 2013 and May 10, 2013. The requestor utilized CPT Codes 99204 and 99213 for the office visits in question. The carrier denied these submissions, in part, because the information submitted did not support this level of care. CPT Code 99204, which applies to new patients, is only appropriate if a comprehensive history is taken, a comprehensive examination is conducted and the medical decision making is of moderate complexity. All three must be present to justify billing at this rate. Moderately complex decision making is only supported if two of the three are present: 1. there are a multiple number of diagnoses or management options; 2. there is a moderate amount and/or complexity of data to be reviewed; and 3. the risk of complications and/or morbidity or mortality is moderate. CPT Code 99213 is only appropriate if two of the following three components are met: 1. the history involved and expanded problems; 2. the examination was expanded problem focused; and 3. the medical decision making was of low complexity. For 99213 to be applicable, the nature of the presenting problem is required to be of low to moderate severity. The decision making would involve a limited number of diagnoses or management options, there must be a limited amount of data to be reviewed and the condition would involve a low risk of complications and/or morbidity or mortality. The carrier contends the requestor provided inadequate justification for the use of the CPT Codes for the dates of service in question and the requestor's request for an award in its favor should be denied."

Response Submitted by: THE SILVERA FIRM

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 24, 2013	CPT Code 99204	$268.80	$0.00
May 10, 2013	CPT Code 99213	$119.22	$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 fee guidelines for professional services.
3. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - 362 – Services delivered under an OTPT physical therapy plan of care.
   - 434 – Used with code 99080 for Work Status Reports
   - 150 – Payer deems the information submitted does not support this level of service.
   - 29 – The time limit for filing has expired.
   - 937 – Service(s) are denied based on HB7 provider timely filing requirement. A provider must submit a medical bill to the insurance carrier on or before the 95th day after the date of service.

Issues

1. Did the requestor timely file the dates of service in dispute to the respondent?
2. Did the requestor support the office visits in dispute.
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Labor Code §133.20(b) states: "Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation." Review of the submitted CMS-1500 and EOBs finds that the Carrier denied the disputed dates of service during reconsideration. Therefore, denial of timely filing is not supported and this dispute will be reviewed in accordance with the Division fee guidelines and the Labor Code.

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 99204 on April 24, 2013; according to the code descriptor this code requires these three (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. Review of the note submitted by the requestor finds that the three key components were not met; therefore, reimbursement is not recommended.

The requestor also bill CPT Code 99213 on May 10, 2013; according to the code descriptor this code 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. Review of the note for submitted by the requestor finds that the components required were not met. Therefore reimbursement is not recommended.

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	May 21, 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.