



# 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](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

James D Weiss M.D.

**Respondent Name**

Service Lloyds Insurance CO

**MFDR Tracking Number**

M4-14-3625-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

August 11, 2014

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "...We received partial payment."

**Amount in Dispute:** \$450.18

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "A modifier is allowed in order to differentiate between the services provided. Separate payment for the services billed may be considered justifiable if a modifier is used appropriately. According to the Requestor's bill form, CPT code 99205 was not billed using a modifier. Therefore, no reimbursement is allowed. ...According to the NCCli edits HCPCS code A4556 is bundled into other services rendered on the same day. Therefore, reimbursement to the requestor for HCPCS code A4556 is not recommended. ...For CPT codes 95886 and 95913, the provider simply miscalculated the appropriate reimbursement."

**Response Submitted by:** White Espey, P.O. Box 52949, Austin, TX 78715

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 22, 2014	99205, 95886, 95913, A4556	\$450.18	\$52.14

#### 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**

- Former 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - B15 – Procedure/Service is not paid separately
  - RG4 – Service is Incidental per Medicare Guidelines
  - B16 – New Patient Qualifications not met
  - W3 – Appeal/Reconsideration

## Issues

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

## Findings

1. The carrier denied the disputed service as, B16 – “New Patient Qualifications not met.” 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 medical bill 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 99205 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 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, 60 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. No documentation was provided with MFDR request to support level of service billed.

Comprehensive: 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.

- 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. No documentation was found with MFDR request, thus component not met.
  - 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. No documentation was found with MFDR request, thus component not 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. No documentation was found with MFDR request, thus component not met.
- Documentation of a Comprehensive Examination:
  - Requires at least nine organ systems to be documented, with at least two elements listed per system. No documentation was found with MFDR request, thus component not met.

The division concludes the carrier's denial is supported. No additional payment can be recommended.

2. 28 Texas Administrative Code §134.203 (c) states in pertinent part, “To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (date of service yearly conversion factor). The services in dispute will be calculated as follows;
  - Procedure code 95886, service date May 22, 2014, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.86 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 0.87204. The practice expense (PE) RVU of 1.67 multiplied by the PE GPCI of 1.004 is

1.67668. The malpractice RVU of 0.04 multiplied by the malpractice GPCI of 0.939 is 0.03756. The sum of 2.58628 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$144.19 at 4 units is \$576.76. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$564.48.

- Procedure code 95913, service date May 22, 2014, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 3.56 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 3.60984. The practice expense (PE) RVU of 4.82 multiplied by the PE GPCI of 1.004 is 4.83928. The malpractice RVU of 0.21 multiplied by the malpractice GPCI of 0.939 is 0.19719. The sum of 8.64631 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$482.03.
- Procedure code A4556, service date May 22, 2014, has a status code of "P" Bundled/Excluded codes. No separate payment is recommended.

3. The total allowable reimbursement for the services in dispute is \$1,046.51. This amount less the amount previously paid by the insurance carrier of \$994.37 leaves an amount due to the requestor of \$52.14. This amount is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has / has not established that additional reimbursement is due. As a result, the amount ordered is \$52.14.

### **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 \$52.14, 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

\_\_\_\_\_  
January , 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.**