



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

Elite Healthcare Fort Worth

Respondent Name

Hartford Insurance Co

MFDR Tracking Number

M4-15-1610-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

January 29, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "All other claims have been paid at 100%. Therefore, this claim should be paid in full."

Amount in Dispute: \$705.03

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Upon re-audit, Coventry stands by the pricing. 99204 dos 04/25/2014 - no additional allowance is due. The documents submitted do not meet the level of service billed. 99213 for both 05/02/2014 & 05/09/2014 - No additional allowance is due. The documentation does not meet an Evaluation & Management of any level. There is not enough information filled out on the sheets, no examination, no plan and just a statement that the patient has an eye injury and is awaiting an appointment. The current documentation as it stands does not meet any level of service. 99361 - 05/09/2014 - no additional allowance is due. The provider documents a team conference and documents attendance by a physical therapist and a massage therapist and other employees. The only documentation states that the patient is still awaiting an appointment with a surgeon. To qualify for this code, the team conference must document that the attendees are providers that provide care to the patient and that the conference was for coordination of this care. There is no documentation that any of these providers are providing treatment to the patient because there is not treatment plan given and the documentation of the team conference does not support that coordination of care for these providers was discussed. 99123 DOS 07/16/2014 - No additional allowance is due. Provide has billed for a level of service 99213 and the documentation does not meet the billed level of service. Subject to further review, the carrier asserts that it has paid according to applicable fee guidelines and challenges whether the disputed charges are consistent with applicable fee guidelines."

Response Submitted by: Flahive, Ogden, & Latson

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: April 25, 2014 through July 16, 2014, Professional Medical Services, \$705.03, \$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 reimbursement guidelines for professional medical services.
3. 28 Texas Administrative Code §134.210 defines medical documentation.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 112 – Service not furnished directly to the patient and/or not documented
  - 8 – The procedure code is inconsistent with the provider type/specialty (taxonomy)
  - B12 – Services not documented in patients medical records

### **Issues**

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. Is the requestor entitled to additional reimbursement?

### **Findings**

1. The requestor submitted the following codes for dispute resolution;

| Date of Service | Submitted Code  | Denial Reason   |
|-----------------|---|---|
| April 25, 2014  | 99204 - 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.                                      | Service not furnished directly to the patient and/or not documented |
| May 2, 2014     | 99213 - 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 | The procedure code is inconsistent with the provider type/specialty |
| May 9, 2014     | 99213 - 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 | The procedure code is inconsistent with the provider type/specialty |
| May 9, 2014     | 99361 - Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care   | Services not documented in patients' medical records                |
| July 16, 2014   | 99213 - 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 | The procedure code is inconsistent with the provider type/specialty |

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 office visits for the evaluation and management of new and an established patient. The American Medical Association (AMA) CPT code descriptions are found above. The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. A guide can be found at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval\\_mgmt\\_serv\\_guide-ICN006764.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval_mgmt_serv_guide-ICN006764.pdf) . Review of the submitted medical bill and one page document from the medical record finds;

- a. Submitted code 99204 – Comprehensive Evaluation and Management requires the following elements be documented in the patient’s medical record:

Status of chronic conditions: One found, submitted code requires three. Code not supported

History of present illness: Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms. None found, submitted code requires 4 or more. Code not supported

Review of systems: constitutional, eyes, ears, nose, throat, card/vasc, resp, GI, GU, Musculo, integumentary, Neuro, Psych, Endo, Hem/lymph, All/immuno, All other negative. One found. Code requires all systems be reviewed. Code not supported.

Past Medical, family, social history: Past history, Family history, Social history. Two of three areas required. None found. Code not supported.

Examination: Submitted code requires 8 or more systems be reviewed and documented. One found (eyes). Code not supported.

The Carrier’s denial is supported as medical record does not support the level of service submitted for the April 25, 2014 date of service.

- b. Submitted code 99213 – Expanded problem focused examination requires the following elements be documented in the patient’s medical record:

Status of chronic conditions: Status of 1-2 chronic conditions. One found. Requirements of code met.

History of present illness elements: 1-3 required. None found. Requirements of code not met.

Review of symptoms – Pertinent to problem (1 system). One found. Requirements of code met.

Examination: Up to 7 systems. One found. Requirements of code not met.

No additional payment can be recommended as submitted medical records for dates of service May 2, 2014, May 9, 2014 and July 16, 2014 did not meet documentation requirements of the submitted code.

- c. 99361 – Team Conference by physician. 28 Texas Administrative Code §134.204(e)(2) states in pertinent part, “ Team conferences and telephone calls should be triggered by a documented change in the condition of the injured employee and performed for the purpose of coordination of medical treatment and/or return to work for the injured employee. (3) Contact with one or more members of the interdisciplinary team more often than once every 30 days shall be limited to the following: (A) coordinating with the employer, employee, or an assigned medical or vocational case manager to determine return to work options; (B) developing or revising a treatment plan, including any treatment plans required by Division rules; (C) altering or clarifying previous instructions; or (D) coordinating the care of employees with catastrophic or multiple injuries requiring multiple specialties.” Review of the submitted medical record finds;
  - i. Documented dated May 9, 2014. No documented change in the condition, no treatment plan or revised treatment plan indicated.

The Carrier's denial is supported as submitted medical record does not meet the requirements of submitted code.

2. The requirements of Rule 134.203 (b) not met. No additional payment can be 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**

|           |  |              |
|-----------|--|--------------|
|           |  | April , 2015 |
| 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, 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 MFDR 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.**