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
Consultants in Pain Medicine

Respondent Name
Fidelity & Guaranty Insurance

MFDR Tracking Number
M4-15-1659-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
February 2, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Based on the Gallagher Bassett explanation of benefits, our claim is being denied because the payer deems the information submitted does not support this level of service. We content that per the 2014 American Medical Association (AMA) Current Procedural Terminology (CPT) Manual, our documentation contains elements that support the 99214 service.

As stated in my requests for reconsideration, the 2014 AMA CPT Manual describes 99214 as an 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:** The office dictation clearly indicates a detailed history with review of past medical, surgical, family, social, tobacco/alcohol, substance abuse, mental health, communicable disease, current problems, allergies, and current medications.
- **A Detailed Examination:** the dictation further illustrates the detailed exam in with the objective findings of vitals, review of systems, and exam of general, psychiatric, cardiovascular, respiratory, gastrointestinal, sensation, cervical/upper extremities, head and neck, right upper extremity, thoracic/lumbar/sacral, and lower extremities.
- **Medical decision making of moderate complexity:** Lastly, the physician makes a medical decision of moderate complexity with the plan/recommendation of medication, and review of worker's compensation file of approved/denied service.

We have proven the clinical documentation does support the level 4 office visit (99214) as established by the American Medical Association CPT Guidelines. Furthermore, on our August 27, 2014 request for reconsideration, we included our Certified Coders Novitas Worksheet showing the medical records had data elements to support the level 4 service. Gallagher Bassett Insurance has not clearly demonstrated the information and/or clinical does not support the level of service."

Amount in Dispute: $128.65

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our supplemental response for the above referenced medical fee dispute resolution is as follows: the bills in question were escalated and the review has been finalized. Our bill audit company has determine no further payment is due. Please see below for rationale behind their denial.

DOS: 02/06/2014

Per CPT for a 99214, 2 of the following 3 Key components would need to be satisfied with supporting documentation:

A Detailed **History,**
which consists of:
4 elements of the History of Presenting Illness (HPI), AND
2 Review of Systems (ROS), AND
1 Past Family, Social History (PFSH).
**This key component of History has been satisfied by documentation.

A Detailed **Examination** would be needed, this key component has *not* been satisfied.
Per the patient medical record, the only item mentioned under "Objective" is the vitals. The recording of vitals only is insufficient documentation to support a Detailed level examination. The provider's audit tool does indicate "none" under the examination. There is conflicting information on the appeal letter under the examination in stating that a review of systems was performed, etc. This would not be considered as part of the exam when credit for the ROS is only counted towards the history key component.

Medical Decision Making of Moderate Complexity, this key component has *not* been satisfied.

2 of the following elements of MDM must be supported by documentation in order to satisfy the overall MDM level: # of and type of diagnosis (Problem Points)
the amount of data reviewed (Data Points)
and/or table of risk (Table of Risk)

The Key Components of an E&M that shall be supported by the patient's medical record are: History and/or Physical Examination and/or Medical Decision Making. An established patient office visit would require 2 of the 3 Key Components"

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 6, 2014	Evaluation & Management, established patient (99214)	$128.65	$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 procedures for determining the fee schedule for professional services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - BL – This bill is a reconsideration of a previously reviewed bill, allowance amounts do not reflect previous payments.
   - 15 – (150) Payer deems the information submitted does not support this level of service.

Issues

1. Did the requestor support the level of service for CPT Code 99214 as required by 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 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. [emphasis added]

The 1995 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare guideline to determine the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Detailed History:
  - "An *extended* [History of Present Illness (HPI)] consists of at least four elements of the HPI." Documentation supports that the requestor reviewed seven elements of HPI, which meets the requirement for this element.
  - "An *extended* [Review of Systems (ROS)] inquires about the system directly related to the problem(s) identified in the HPI and a limited number of additional systems. [Guidelines require] the patient's positive responses and pertinent negatives for two to nine systems to be documented." Documentation supports that eleven systems were reviewed. This element was exceeded.
  - "A *pertinent* [Past Family, and/or Social History (PFSH)] is a review of the history area(s) directly related to the problem(s) identified in the HPI. [Guidelines require] at least one specific item from any three history areas [(past, family, or social)] to be documented." The documentation supports that all three history areas were reviewed. This element was exceeded.

  The Guidelines state, "To qualify for a given type of history **all three elements in the table must be met.**" A review of the submitted documentation indicates that all elements were met for a Detailed History. Therefore, this component of CPT Code 99214 was supported.
- Documentation of a Detailed Examination:
  - A "*detailed examination* – an extended examination of the affected body area(s) and other symptomatic or related organ system(s)." The Guidelines state, "Specific abnormal and relevant negative findings of the examination of the affected or symptomatic body area(s) or organ system(s) should be documented. A notation of 'abnormal' without elaboration is insufficient." The only direct examination performed by the provider was a measurement of vital signs, which qualifies under the constitutional system. Therefore, this component of CPT Code 99214 was not met.
- Documentation of Decision Making of Moderate Complexity:
  - *Number of diagnoses or treatment options* – Review of the submitted documentation finds that there were no new diagnoses presented, but that the established diagnosis of low back pain was addressed and improving, according to the history given by the patient. This meets the documentation requirements of minimal complexity. Moderate complexity in this component requires multiple diagnoses or management options. Therefore, this element was not met.
  - *Amount and/or complexity of data to be reviewed* – Review of the documentation finds that the requestor ordered no diagnostic radiology, lab, or medical tests and does not support the review of other documentation, speaking to other providers, or independent visualization of tests. The documentation does not support that this element met the criteria for moderate complexity of data reviewed.
  - *Risk of complications and/or morbidity or mortality* – Review of the submitted documentation finds that presenting problems include one stable chronic injury, which presents a low level of risk; no diagnostic procedures were ordered; and prescription management options were provided, which represents a moderate level of risk. "The highest level of risk in any one category…determines the overall risk." The documentation supports that this element met the criteria for moderate risk.

  "To qualify for a given type of decision making, **two of the three elements … must be either met or exceeded**." A review of the submitted documentation does not support that this component of CPT Code 99214 was met.

Because only one component of CPT Code 99214 was met, the requestor failed to support the level of service required by 28 Texas Administrative Code §134.203.

2. Because the requestor did not support the level of service for CPT Code 99214, no reimbursement is 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

	Laurie Garnes	April 21, 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, 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.