



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

David L. Bruce, D.O.

Respondent Name

ACE American Insurance Company

MFDR Tracking Number

M4-15-2991-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

May 14, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: Submitted documentation does not include a position statement from the requestor.

Amount in Dispute: \$131.04

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "With regard to CPT code 99203, Respondent denied the request as the documentation does not support the level billed. The Provider was required to meet all three of the following: comprehensive history, comprehensive exam, and low complexity decision making. Not all of these elements were documented as required by the 1997 documentation guidelines for evaluation and management services. Therefore, reimbursement is not owed for CPT code 99203."

Response Submitted by: Downs-Stafford, P.C.

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: October 20, 2014, Evaluation & Management, new patient (99203), \$131.04, \$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. 28 Texas Administrative Code §133.240 sets out the procedures for paying or denying medical bills.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:
- 15 – (150) Payer deems the information submitted does not support this level of service.
 - V122 – Not defined as required in 28 Texas Administrative Code §133.240
 - ZE10 – Not defined as required in 28 Texas Administrative Code §133.240

Issues

1. Did the requestor support the level of service for CPT Code 99203 as required by 28 Texas Administrative Code §134.203?
2. Is the requestor entitled to additional 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 a new patient.

The American Medical Association (AMA) CPT code description for 99203 is:

Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: **A detailed history; A detailed examination; Medical decision making of low complexity** [emphasis added]. 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 severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

The 1995 Documentation Guidelines for Evaluation & Management Services is an appropriate 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 four or more elements of the HPI.” Documentation found four elements of the HPI, thus meeting this element.
 - “A *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 should be documented.” Documentation found one system (musculoskeletal) reviewed. This element was not met.
 - “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 of the three history areas must be documented for a pertinent PFSH.” The documentation finds that one history area (Past History) was reviewed. This element was met.

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 only two elements were met for a Detailed History, therefore this component of CPT Code 99203 was not supported.

- Documentation of a Detailed Examination:
 - A “*detailed* [examination is] an extended examination of the affected body area(s) and other symptomatic or related organ system(s).” Guidelines indicate that two to four systems should be examined. A review of the submitted documentation finds that a limited examination of two systems was documented. Therefore, this component of CPT Code 99203 was not met.
- Documentation of Decision Making of Low Complexity:

- *Number of diagnoses or treatment options* – Review of the submitted documentation finds that a new problem to the examiner was presented with no additional workup planned, meeting the documentation requirements of Moderate complexity. Therefore, this element was exceeded.
- *Amount and/or complexity of data to be reviewed* – Review of the documentation finds that the requestor reviewed a radiology test. The documentation does not support that this element met the criteria for low complexity of data reviewed.
- *Risk of complications and/or morbidity or mortality* – Review of the submitted documentation finds that presenting problems include an acute uncomplicated injury, which presents a low level of risk; x-rays were ordered and performed, which presents minimal risk; and over-the-counter medications were recommended, which presents a low 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 low 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 supports that this component of CPT Code 99203 was met.

Because only one component of CPT Code 99203 was met, the requestor failed to support the level of service required by 28 Texas Administrative Code §134.203.

2. For the reasons stated above, additional 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

	Laurie Garnes	June 24, 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.