



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

Ahmed Khalifa MD

Respondent Name

Liberty Insurance Corp

MFDR Tracking Number

M4-15-3364-01

Carrier's Austin Representative

Box Number 1

MFDR Date Received

June 11, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This request was in response to a \$287.30 reduction of the \$866.86 for the EMB performed on June 25, 2014. Unfortunately our request was denied and we are seeking the balance owed to us."

Amount in Dispute: \$287.30

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider billed CPT Code 99204, office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components: a comprehensive history; comprehensive examination; and medical decision of moderate complexity. This code was denied per Medicare guidelines, as documentation does not support this level of service."

Response Submitted by: Liberty Insurance Corp

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: June 25, 2014, 99204, 95886, 95910, A4556, \$287.30, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable 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. The MFDR request contained one page of an explanation of benefits with following claim adjustment codes:
  - X457 – No significant identifiable evaluation and management service has been documented
  - Z710 – The charge for this procedure exceeds the fee schedule allowance
  - P300 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
  - U630 – Procedure code not separately payable under Medicare and-or fee schedule guidelines.

### **Findings**

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

### **Findings**

- (1) Per the submitted DWC 60 the insurance carrier paid "0.00" for code 99204. The applicable rule is as follows. 28 Texas Administrative Code §134.203 (b) states in pertinent part, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits;"

The Centers for Medicare and Medicaid Services guidelines as it relates to documentation requirements of Evaluation and Management Codes can be found at; <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/95Docguidelines.pdf>

Review of the submitted medical record dated June 25, 2014 finds the following:

Submitted code 99204 is described as: 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.

### **Comprehensive**

- 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. Documentation found listed six elements of the chronic condition, thus meeting this component.
  - 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. Documentation found listed one system, this component was not met.
  - Past Family, and/or Social History (PFSH) require a review of two or all history areas, at least one specific item from each history areas to be documented. The documentation found listed one area, (Past history). This component was not met.
- Documentation of a Comprehensive Examination:
  - Requires at least nine organ systems to be documented, with at least two elements listed per system. The documentation found listed two body areas/ one organ system: (Each extremity, Back, and Musculoskeletal). This component was not met.

Pursuant to Rule 134.203(b) no separate payment can be recommended.

28 Texas Administrative Code §134.203 (c) states, 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 annual conversion factor).

The remaining services in dispute will be calculated as follows:

- Procedure code 95886, service date June 25, 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 2 units is \$288.38.
  - Procedure code 95910, service date June 25, 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 2 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 2.028. The practice expense (PE) RVU of 3.07 multiplied by the PE GPCI of 1.004 is 3.08228. The malpractice RVU of 0.12 multiplied by the malpractice GPCI of 0.939 is 0.11268. The sum of 5.22296 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$291.18.
  - Procedure code A4556, service date June 25, 2014, has a status of "P" or Bundled/Excluded codes. No separate payment can be recommended
3. The total allowable reimbursement for the services in dispute is \$579.56. This amount less the amount previously paid by the insurance carrier of \$579.56 leaves an amount due to the requestor of \$0.00. No additional reimbursement 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**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
August 5, 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, 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.**