



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 NORTH DALLAS

Respondent Name

XL SPECIALTY INSURANCE CO

MFDR Tracking Number

M4-16-0332-01

Carrier's Austin Representative

BOX NUMBER: 19

MFDR Date Received

OCTOBER 7, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The attached dates of service 11/04/14 and 12/9/14 (paid) were never processed or we never received the EOB. I have attached the original claim with the original date that it was sent as well as the patient ledger which is a direct printout from our system showing the date order they were initially sent. Therefore, please kindly process with the consideration of it being timely filed per Rule 133.20b, as I have shown two forms of 'proof' of timely filing."

Amount in Dispute: \$259.60

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 determined no further payment is due. Please see below for rationale behind their denial... Regarding 99204: Documentation does not support the level billed. Provider must document all three of the following: Comprehensive history, comprehensive exam, and moderate complexity decision making. Only moderate complexity decision making is met. Documentation is better described as a 99203. As TX is a no down-code state, we are unable to recommended an allowance."

Response Submitted by: GALLAGHER BASSETT

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: November 4, 2014, CPT Code 99204, \$259.60, \$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. Former 28 Texas Administrative Code §133.307, 33 Texas Register 3954, applicable to requests filed on or after May 25, 2008, sets out the procedures for resolving medical fee disputes filed prior to June 1, 2012
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for E/M services

The services in dispute were reduced/denied by the respondent with the following reason codes:

- 29 – (29) The time limit for filing has expired.
- B1 – (B12) Services are not documented in patient's medical records.
- BL – This bill is a reconsideration of a previously reviewed bill. Allowance amounts do not reflect previous payments.
- W3 – W3
- 193 – 193
- 15 – (150) Payer deems the information submitted does not support this level of service.

Issues

1. Is timely filing an issue in this dispute?
2. Did the requestor meet the requirements of 28 Texas Administrative Code §134.203?
3. Is the requestor entitled to reimbursement?

Findings

1. Review of the initial EOB submitted by the requestor finds the respondent denied the services using denial code 29 – “The time limit for filing has expired.” Subsequent EOBs submitted by the requestor finds the respondent did not uphold their initial denial of timely filing and used denial code B1 – “(B12) Services are not documented in patient's medical records” and 15 – “(150) Payer deems the information submitted does not support this level of service.” Therefore, the disputed date of service will be reviewed for documentation.
2. 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 99204 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 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.

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Detailed 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 one chronic conditions and three elements, thus, this component was not met.
 - Review of Systems (ROS) requires 10 or more systems or the pertinent positives and/or negatives of some systems with a statement “all other negative”. Documentation found listed one system, thus, this component was not met.
 - Past Family, and/or Social History (PFSH) requires at least two or three history areas to be documented. The documentation found listed no areas. This component was not met.
- Documentation of a Detailed Examination:
 - Requires general multi-system exam (8 or more systems) or a complete exam of single organ system. The documentation found listed 1 body area/organ systems: head including right side of face, right eye and right side of jaw. This component was not met.

The division concludes that the documentation does not sufficiently support the level of service billed.

2. For the reasons stated above, the service in dispute is not eligible for payment.

Conclusion

For the reasons stated above, the Division finds that the requestor has 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 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 \$0.00 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	October 23, 2015 Date
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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.